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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### OVERWORK AS RELATED TO INSANITY.\*

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Public and professional interest in the subjects of insanity and the insane has been increasing for many years.

Public interest in these subjects has increased, because of a general undertaking on the part of civilized States to make public provision for the custody and treatment of all insane subjects or citizens, out of which have grown questions, of taxation for building, maintaining, and governing institutions for their accommodation. Professional interest has increased, because of general recognition, on the part of the medical profession, of definite relations of all psychical phenomena (orderly or disorderly) to antecedent conditions of physical structures of a physiological or pathological character, out of which have grown questions of etiology and treatment.

In medical inquiries questions of etiology always become precedent; and medical men are persistently inquiring into the probable causes of insanity. It is not sufficient to be told that all diseases, or disturbances, of any of the organs of the body

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by which the organs of mind may be so affected as to be unable to perform their functions in an orderly manner, are causes of insanity; the inquisitive questioner will go back of these disturbed conditions, and inquire what causes them.

In this country the people, including a large proportion of professional men, have accepted a popular theory of causation, as related to insanity, that, like all other popular opinions, has for its support a wide basis of appearances. According to this theory, "overwork" is the great factor of causation to which insanity is to be ascribed. Mental failure or derangement of persons of distinction is always attributed, as a matter of courtesy if nothing more, to overwork. All insane persons when brought to insane asylums for treatment, if not too wild or too stupid to be interested in their environments, are constantly assured by their friends that the object of bringing them is to give them an opportunity to rest.

An apparently alarming and much-talked-of increase in the number of insane persons in this country is ascribed, by common consent, to the the restless industry, enterprise, and push in business affairs, of the American people. The subject of overwork is therefore worthy of the most careful consideration. Consideration of this subject may be profitably systematized by inquiring:

(a) What is work?

(b) What are the relations of work to the structures of the body? (1) Physiological; (2) pathological.

"Work" is a word common to all tongues of Germanic origin. It signifies, genetically, "action." To work is to act, to move, to perform functions. A locomotive works, when in motion. So does a watch or a windmill. Every motion of a living body is work. Every manifestation of a performed function is a sequence of work.

Every organized structure is capable of working while living; and the performance of function, or work, is not only in accordance with such capability, but is essential to structural integrity—being responsive to organic necessities.

Work therefore is, in its primary relations to all living structures, strictly physiological.

But capability of matter to move, to act, to work, implies force—force in a state of activity; which implies a liberation of force from a state of rest or imprisonment; which implies a dissolution of material structures in which it had been imprisoned by a previous process of involution; which implies a limitation of capabilities and the necessity of compensatory alternations of evolution and dissolution for the maintenance of structural integrity and the performance of uses.

Such alternations of work and rest, such compensations of waste by supply, are, indeed, imperative. Destroy the balance between work and rest; between the integration and disintegration of matter, and consequent involution and evolution of force, and pathological conditions will inevitably obtain.

The same law, or uniform procedure attended by uniform manifestations, obtains, whether the material structures endowed with working capabilities are simple or complex, whether the work they perform is responsive to the necessities of the organ performing it or to the necessities of other organs with which it has united for the formation of a more complex being.

Loss of balance between constructive and destructive activities is, in fact, precedent to all conditions of disease, as well as to the natural decline of capabilities incident to age terminated by death.

In strictly physiological relations, work or the performance of functions is limited by natural exhaustion within the bounds of structural integrity. A weary muscle contracts with constantly diminishing energy. A weary brain thinks but sluggishly. It is by such inactivity that healthy structures protect themselves from injury. It is only by stimulation that structures thus limited can be made to perform functions at the expense of their own integrity. Work, under such circumstances, becomes "overwork," the relations of which to the mechanisms implicated may become pathological.

That "overwork," as thus defined, is a cause, immediate or

remote, of pathological conditions manifested by mental disorder of every variety can not be denied. And if the popular theory of overwork as the all-prevailing cause of insanity were based upon such physiological considerations, it might be accepted, with but little qualification, as sufficient and true. But such is not the case. The popular theory of overwork, as the cause of insanity, is not based upon physiological considerations; nor does it embrace the all-important factor of involuntary labor of material mechanisms effected by precedent stimulation, whereby pathological conditions of such mechanisms are established. The term "overwork," as popularly construed in its relations to insanity, means voluntary exertion of natural capabilities, and is referred, not to the activities of material mechanisms subject to physiological laws and limitations, but to mental capabilities, referred to a hypothetical, immaterial entity called "*the mind*." Overwork, as thus estimated and referred, it is needless to say, is not the supreme factor in the causation of insanity. Yet it may not be unprofitable to distinguish the errors that enter into and vitiate this popular theory.

These errors consist of mistaken notions concerning work—concerning that which works—and the results or consequences of work.

The most important of these errors is the mistaken notion respecting *that which works* in the production of mental phenomena—the ascription of capabilities and the performance of functions to a supersensuous, hence a hypothetical, entity called "the mind" or "soul"; whereas it is now recognized as a fact by science that all psychical phenomena, however simple or complex, are but manifestations of antecedent conditions of activity of material mechanisms called brains.

Mind, whether considered by groups of psychical phenomena or as an aggregation of mental manifestations, is strictly phenomenal; is an appearance, not a substance; is a subjective, not an objective, fact that can not be converted into an entity otherwise than by some metaphysical thaumaturgy or mythopeic person-



alization. Sensations are not also the organs of sense ; thought is not also that which thinks ; sensations, perceptions, memories, imaginations, ratiocinations are, each and all, states of consciousness, differing only in degree of complexity, of certain specialized conditions of matter ; states of consciousness responsive, primarily, to the necessities of the organs so specialized as to become conscious ; and, secondarily, to the necessities of whole beings of which such specialized organs are the supreme elements.

Is this incredible ? Have we so long and habitually accepted the hypotheses of remote ancestors (however undeveloped, ignorant and incapable) as absolute truth, that we can not now emancipate ourselves from the despotism of superstition and recognize the facts and phenomena with which we are surrounded in the broad light of intellectual freedom ?

Is it really more incredible that an aggregation of material living mechanisms—a man as we see him—should manifest capabilities of consciousness and power to think, to will, and to do, than that an immaterial being, of which we have no experimental knowledge, should be so capable ? Are the ultimate facts respecting any one thing in nature more incomprehensible than are such facts pertaining to other things ?

That a personalization of natural phenomena, and an ascription of intelligence and power equal to the necessity, to beings thus constituted (as in all myth-making) was once a necessity of human ignorance and incapability does not imply a perpetuity of such need. Time was when ignorant and incapable, because undeveloped and inexperienced, races of mankind peopled earth and air with such hypothetical beings. But men as individuals and races have grown, through many ages, from low beginnings of ignorance and incapacity to high attainments of capabilities and knowledges ; and with such growth, such beings, together with the necessities from which they sprung, have gradually diminished in number and importance, until now the more intelligent recognize only one remaining grand necessity, and one grand, ever indispensable, hypothetical being, whose name rep-

resents the sum of human ignorance, all that we do not and can not know—God.

The second error of importance that vitiates this popular theory of causation of insanity is an ascription of mental disorder to overwork of mental organs, alone or chiefly, in a legitimate performance of mental functions.

The fact is, as before stated, the functional capabilities of such organs are self-limited, and they protect themselves from injury by overwork, if not goaded and driven to excess by extrinsic influences—such as toxic stimulation or the overdrafts of other organs dependent upon them for direction and energization. The brain (assuming now that by the term commonly employed, “the mind,” the brain is referred to as the organ of mind) being, as it is, the supreme structural result of organization, is more liable to impairment by the overdrafts of other organs of the body to the necessities of which it is responsive, or by the failure of other organs to respond to its necessities, than by any amount of activity in the performance of its supreme functions of ideation.

An exhausted brain, if exhausted by the voluntary performance of its legitimate work, will cease to perceive, remember, or think, during a recuperative period of unconsciousness, if neither whipped nor spurred by extrinsic influences. It will recover spontaneously from even the exhaustion or paralysis of excessive involuntary emotion or shock, if no structural lesion, effected by violence through its systemic circulation, attend or succeed such exhaustion—provided the heart, lungs, stomach, or other organs of importance, do not fail to perform their ordinary functions in an ordinary manner.

But however interesting the consideration of physiological facts and principles, the busy practitioner of medicine will inevitably appeal to well-observed cases and clinical histories for confirmation or refutation of advanced propositions coming within the lines of his professional investigation. Such an appeal is always “in order.” The following cases are therefore presented for consideration:

CASE I. A. B., male, aged nineteen, tall, rather slender, but fairly developed; head small, cranium rhombocephalic; a college student, withdrawn from school because of mental failure and disorder. Pathological conditions not apparent. Mental symptoms first appeared three months since. First mental symptoms—patient became despondent and indifferent; soon after excitable and violent; is now listless, dull, and confused. Prominent physical symptoms, insomnia, anorexia, constipation of bowels, coated tongue, loss of flesh, cool, dry, harsh, and inelastic skin. According to his mother's representations he was always, till now, a healthy, active, and unusually promising boy; fond of learning, and an ambitious student. Strictly moral by nature and education, his mother is sure he has never contracted nor indulged any of the vicious appetites ordinarily destructive of health. No possible hereditary taint. "None of his ancestors were ever insane." "He has studied too hard—that is all; overworked his mind."

Such is the clinical history of this case, as furnished by the patient's mother. The following additional history was obtained from the family physician, the father of the patient, some of his college class-mates, and other trustworthy sources of information: Patient's paternal grandfather was an eccentric man—amassed a large fortune, and died of brain disease, paralytic. Patient's father is a man of fair *physique* and medium mental capabilities. Father's brothers—one died insane, and one is, or has the reputation of being, "below par" intellectually. Patient's maternal grandfather was an intemperate man. His (patient's) mother is, and always has been, a great sufferer from neuralgias—cerebral and spinal—and other neuroses causing hysteria and other disorders. Two of her sisters have been similarly afflicted.

After entering college patient became addicted to the use of tobacco, and was quite as assiduous in his endeavors to color a meerschaum pipe as he was in his efforts to master foreign tongues and dead languages. Sexually precocious, he had indulged his appetite to the full extent of his capabilities, by keeping, in company with some other young "bloods" a little

private harem, of which his mother had no knowledge. He had suffered somewhat from gonorrhea, but much more from reading the books and newspaper advertisements and taking the nostrums of a class of vile specialists, by whose practices more youths are frightened into insane hospitals than are driven there by the evils that they propose to remedy for a consideration. He indulged, also, in an occasional "spree," drinking to intoxication.

CASE II. C. D., male, aged forty-seven; large and well proportioned; ordinary weight, one hundred and ninety-six pounds; large head, cranium mesocephalic; an educated man, with literary tastes, but devoted to business pursuits. Highly successful as a merchant; had accumulated a fortune. Married young. The father of a large family. Domestic relations always happy. Conduct, private and public, always exemplary. Noted for close and unremitting attention to his own affairs. Never sick previous to present illness. First indication of impairment, noticed by himself, was an inability to add up a column of figures with usual facility and accuracy. No unusual physical disorder recognized. Became alarmed and somewhat despondent. Consulting physicians diagnosed "incipient softening of the brain," and recommended travel for the sake of rest. Friends started with him for an extended tour by rail. After three or four days of this kind of "rest" he became excitable and delirious. Returned, and reached the hospital, a maniac, in shackles. Cause assigned—"overwork" of the mind; "mental strain." No hereditary predisposition admitted.

After he was sufficiently restored, the patient himself furnished the following additional history:

Patient's father was a man of large and varied capabilities. Died of brain disease—probably "softening"—at the age of forty-eight. Of patient's brothers—one died of self-inflicted violence without sufficient provocation. One is a periodical drunkard, fashionably called a "dipsomaniac." One is a man of large intellectual possibilities, but is always out of harmony with his environments, socially and politically.

After many years of uninterrupted attention to business, patient found himself incapable of performing his accustomed task without an unusual sense of fatigue. Refusing to recognize the encroachment of age, and unwilling to accept the inevitable and govern himself accordingly, he resorted to whisky as a stimulant "to keep himself up." He drank, as he did every thing else, methodically and unostentatiously. No one but himself knew that he drank at all. Whisky failing to compensate the loss of energy incident to age, he added quinine to his drink. This answered the purpose for a time, but an inability to sleep, by and by, complicated his embarrassment. To overcome this trouble he took chloral hydrate every night for a year and a half before the final break-down.

These two cases furnish typical histories, and illustrate the previously made propositions. If read with such variations of details as they will bear without changing general features, they may be taken as the histories of a large majority of insane persons whose disorders are attributed to excessive mental labor, overwork of "the mind" or brain.

But however typical these cases, there are other facts, clinical and statistical, that may be considered with propriety in this connection.

Recognizing and admitting the many sources of error and imperfections that vitiate the statistics of our official hospital reports, it is still true that we may derive some trustworthy and significant information from them.

For example, the official reports of all the hospitals and asylums for the insane, in this and other countries, show the fact that the greater number of insane persons constituting their populations are, and ever have been, conspicuously un-intellectual by nature and acquirements, belonging to classes of society engaged in other than intellectual pursuits; also the fact that a large majority of persons of a higher order of mental capabilities, engaged in pursuits calling for great intellectual activity, who become insane, present clinical histories implicating other organs than the brain, and other causes

of brain disorder than excessive intellectual activity in the causation of insanity.

From October, 1870, to October, 1876, I admitted to a large public hospital for the insane, 1,204 men supposed to be insane. There was no other hospital for the insane, public or private, in the State at that time, and no distinction was made in favor of or against any class of citizens in the State, except idiots and persons who had been insane over one year. These were, theoretically, excluded.

Of these 1,204 men, but 17 had received, even nominally, an academic education. But 25 of them were, even professedly, professional men. Of these 25, there were lawyers, 12, doctors, 9, preachers, 4. Of other men who presumptively "lived by their wits," or brain labor, there were, actors, 1, authors, 1, editors, 1, musicians, 1, insurance agents, 3, and gamblers, 1, making a total, with the professional men, of 38, or a fraction over three per cent of the whole number admitted whose occupations would justify even a presumption that "mental strain," or "overwork," of an intellectual kind might have been the exciting cause of their disorders. And the following facts show that such a presumption would have been violent and erroneous:

Of the twelve lawyers, three only were men of more than ordinary capabilities or attainment in their profession. The nine others were what are called in Indiana "constitutional lawyers," or persons "admitted to the bar" under a provision of the constitution of that State requiring only a certificate of good moral character as a preliminary qualification. Not one of the nine became insane as a consequence of overwork of a professional character.

The most notable of the three educated and distinguished lawyers had reached an age and condition of senility. His mental impairment was incidental to natural atrophy of the brain. Both the others had been notoriously intemperate in the use of alcoholic drinks and tobacco, by which the balance between activity and repose, nutrition and detrition, is so often and so violently disturbed. Both had overworked their organs of



reproduction, and suffered syphilitic contamination to an extent that would justify the assertion,

"Impurity  
Hath made a feast upon their bones."

All three died. One by reason of natural limitations, one by premature decay of brain effected by disease, and one by disintegration of the lungs.

Of the nine other lawyers similar clinical histories might have been recorded. Details are unnecessary.

Of the so-called doctors, not one was a man of any considerable ability or attainment. They were neither students nor thinkers in, or out of, the profession. They were men of inferior cerebral development, and had not overworked such brains as they had. Inherited deficiencies and defects of organization, night-riding and exposure in miasmatic districts, whisky-drinking, opium-eating, tobacco-chewing, and other excesses, together with general ignorance and neglect of personal hygienic necessities, poverty and the disadvantageous struggle of incompetency with the necessities of being would figure conspicuously in the clinical history of the lot as I remember them.

The four preachers, I am constrained to say, in the language of Falstaff, were "mortal men, mortal men," all of them. One was old, and had been a theological "crank" all his lifetime. In other words, he was born and had lived in the border-land of insanity, which was his natural heritage. Indigestion, if not inanition, neuralgia and rheumatism, had aided time in destroying the balance of organic activities. One was epileptic. The two others were half-starved and otherwise devitalized victims of untoward circumstances, the most untoward of which was that of birth—the deficiencies and depravities incidental to their first births having been not fully remedied by the process of being "born again."

Further illustration is unnecessary. Recollections of more than four thousand insane persons, men and women, who came more or less instructively under my personal observation while



conducting a large public hospital for the insane, from 1868 to 1879, aided by a review of statistics, from which I can draw more information than can be drawn by any person not familiar with the materials that served as a basis for such statistics, do not change the conclusions already inferred; nor do the observations, more fully and studiously conducted, of the inmates of a private hospital for the insane, covering a period of six years, although a much larger proportion of such inmates are derived from classes of society of a much higher grade of intellectual capabilities and attainments than characterize the populations of public hospitals.

The same general elements of disorder and factors of causation of insanity may be seen through all disguises, viz., inherited potentialities of insanity pertaining to peculiarities of organization, operated upon by a great variety of influences, emanating chiefly from conditions of deprivation or excess incident to modes of living.

The conclusion, therefore, may be stated, that while overwork in a general sense is a prominent factor in the causation of diseases, some of which are manifested by mental disorder or insanity, overwork in the performance of mental functions is not a sole or frequent cause of such diseases.

COLLEGE HILL, O.

THE ALL-ABSORBING QUESTION OF CHOLERA.\*

BY WM. BAILEY, A. M., M. D.

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I am sorry that it is not in my power to give you any very definite information in regard to this great pestilence. All honor to the brave men who, at great sacrifice of personal ease and self-interest, are engaged in the study of the etiology of this disease that has so greatly afflicted the human family. May they finally succeed so that the fruition of their hopes may be vouchsafed to us, in that not only they shall have discovered the absolute specific causes of disease, but that the knowledge may be so exact and complete that it may lead to the ultimate and most desirable result of prevention, or at least cure. So far these discoveries have not added materially to our power of control.

The germ-theory of disease is, no doubt, destined to be the greatest question of the age, whether it stands or falls. All the conditions involved in this theory have not been sustained, unless it be in the case of two or three diseases where absolute causative relation seems to have been established between the diseases and their specific germs. In the others so far we are compelled to admit that the argument is solely dependent upon analogy or inference. The conditions necessary for the demonstration that the comma-bacillus is the cause of cholera are that bacilli shall be found in the blood and tissues of patients sick with cholera; that they shall be present in every case; that they shall never be found where the disease does not exist, and that inoculation with them shall produce the disease.

So far the authorities are at variance upon these propositions. High authority claims to have discovered that these bacilli are abundant in the water used by persons in India with impunity, and also that they are found abundantly in the alimentary canals

\*Read at the June meeting of the Kentucky State Medical Society, 1885. Report of the Committee on Practice.

of other than persons with the disease. Koch maintains that the first appearance of the "comma-bacilli" in the canal coincides with the commencement of the disease, that they increase with it, and that they disappear with its decline.

Dr. Strauss maintains that the shorter and more violent were the fatal attacks of cholera the fewer were the bacteria found in the intestines. This seems to me to be an important consideration in determining causative relation between cholera and the "commas," for in cases like those which Koch describes it would be fair to infer the cholera as an effect; but in the condition described by Strauss it would seem more likely that the bacteria were the result of the cholera, due probably to the processes in the disease, and that these in the rapidly fatal cases had not had sufficient time for development in great numbers.

At the first discovery, Dr. Koch was not ready to say that this form of bacteria was the absolute and essential cause of cholera, but his subsequent studies have so confirmed him that he now makes the statement very positively.

One observation made by Koch does not to my mind conform with the generally received views in regard to the history of the disease.

He says, notwithstanding the rapid development of these bacteria when in moisture, that they die after drying more quickly than almost any other form of micro-organisms. "As a rule, even after three hours' drying, every vestige of life has disappeared." How may fomites convey the disease after weeks, or even months, if this hypothesis be true?

Another difficulty exists in my mind in this investigation. The endeavor is made, with pure cultures, to inoculate the lower orders of animals, animals that are never the subject of the disease, although they certainly have oftentimes the freest access to the alimentary dejections. But he says, on this point, "If any species of animal whatever could take the cholera, it surely would have been observed in Bengal; but all inquiries directed to this point met with a negative result."

The demonstration can only be perfect by making the exper-

iments with man himself, and then only when his environment will exclude every other source of the disease.

It will not do to make these experiments in India or elsewhere the disease is prevailing, for then there must be a doubt in the mind as to whether the disease is the result of the inoculation or produced in the ordinary way. Inoculate with the specific germ persons outside of the habitat of the disease.

The germ-theory of disease challenges my admiration and more fully satisfies all phenomena observed in many diseases than any other so far advanced. Yet to my mind the subject should be held as *sub judice*.

I feel like asking you on this account to further make use of your knowledge of punctuation, and even after a "comma" to place an interrogation point (?) as denoting that further investigation is to be made in the colon (:) or the semicolon (;) before the period (.) can be reached, and then, Eureka!!! The investigation can only be carried on by the few favorably situated for the study.

We, the many, will be compelled to possess our souls in patience, if possible, and wait till the conclusion is confirmed.

Henry Hartshorne, in his article on Etiology, in Pepper's System of Medicine, issued in 1885, says: "The given theory continues to be in the position of a probable hypothesis, not in that of an established doctrine of etiological science."

For my own part I must confess that all my preconceived notions in regard to the various forms of bacteria were that they were simply scavengers, serving an important function in the world, converting the compound elements into more simple ones, acting on tissues only when they were deprived of vitality. This process is exceedingly important, as this conversion is essential in nature before the vital organs can appropriate for their own support and development the various substances with which they may be surrounded.

As soon as life is extinct the atmosphere at once furnishes that form of bacterium necessary to set up the processes of decomposition. This is a universal influence; and if it were not so, food-supplies for animals and vegetables would soon become exhausted.

In this way the same elements of matter can be made subservient to uses again and again.

So I have been inclined to the view that the various processes of disease served but to supply the conditions for bacterial existence and development, and that they were a consequence of diseased action. If I mistake not, no specific germ has been found living in the virus of either smallpox or vaccinia. If you can take the virus from either of these, not containing living germs, and develop by inoculation these diseases, will this fact not at least make strong presumptive evidence that bacteria are not an essential element of any of these enthetic diseases. This is claimed to be the fact by Hartshorne, page 143, vol. I, of the work above mentioned. I do not mean to say, nor do I understand him to mean, that bacteria are not found in the system during the attacks of these diseases, but that the products of these diseases are capable of developing the diseases when inoculated, although the matter introduced may not contain a single living germ.

I am not inclined as some are to stickle over this matter and say that bacteria are not the cause, but that the essential cause is a secular or product of these bacteria, for I recognize in this state of the case that there could have been no secretion, no product, unless the bacteria had first existed. If they produce the absolute essential cause, then they themselves are likewise absolutely essential—another point of interest to me, even admitting for argument's sake their essential presence.

Is it necessary to have the germ transmitted from the person of the sick to the well in order to contract the disease? In other words, may there not be other sources of supply?

Much hinges upon this proposition, for if it is established then we can have no cholera unless imported. All cases of cholera, then, are the result of either direct or indirect contagion.

By analogy may we not safely conclude that all forms of malarial diseases are produced by specific germs as well as cholera?

Is not intermittent fever then equally contagious? Indeed,

then, by this hypothesis is there any other way of contracting malarial fever except by contagion? But do we not know that the essential causes of these malarial fevers are climatic in origin. Who does not believe that the Pontine marshes near Rome would have developed the cause of intermittent fever, if no man had existed on the face of the earth or had deposited the bacillus malaria within a thousand miles of that imperial city? My judgment is that the telluric conditions would have been sufficient for this without man's existence, or any other animal subject to the disease. You will, perhaps, appreciate the tendency of my argument. May not these great pestilences that stalk abroad in the land be the result solely of local conditions of climatic origin, so to speak?

May not vegetable matter, under the combined influence of varying degrees of solar heat and moisture, generate specific germs for cholera as well as intermittent fever? Who will undertake at once to differentiate the clinical phenomena of cases in collapse from cholera, and from congestive or malignant intermittent fever, unless it be that the bacteria in the alimentary canal may serve him? This, at any rate, may be one thing accomplished by these most deserving scientists.

I would fain argue from much of the history of cholera that it is, like malarial fever, epidemic dysentery, yellow fever, etc., produced by climatic influences.

I do this, knowing full well that most of the profession will regard the doctrine as heretical. I will quote the language I find used by Prof. James T. Whittaker, page 792, volume II, of Pepper's System of Medicine, when speaking of the propagation of epidemic dysentery by emanations from the soil and apply it to cholera and say: "The simultaneous sudden attack of great numbers under the most diverse surroundings admits of explanation no other way."

*No Fear in Winter.* We have no apprehension of cholera in winter time, no matter how many infected ships reach our shores. We find persons arguing that season has nothing to do with it; that cholera prevailed in Russia amid ice and snow;

which may have been true, for they forget that the peasants of Russia live in adobe houses, kept up to a temperature that would satisfy the most cold blooded. Why don't they cite cases in our own country, in our own experience, to substantiate the statement? The thorough conviction of the late Prof. Theodore S. Bell was that this disease was altogether due to telluric or climatic influences, and I am constrained to think that few men in the present age have given such undivided attention to the etiology of this infectious disease as he. I do not wish by this proposition to invalidate the claim of the germ-theory of the disease, but to put it alongside of malarial fever, yellow fever, and the plague.

Some other propositions dependent upon this one I would like to discuss if I had time, particularly the subject of quarantine as practiced in this country. Some curious things are done in this business, and apparently without the inconsistency striking the average mind at all. We establish a quarantine, no matter where, and place doctors and others in charge. Who protects the doctors and others that come in contact with those subjected to the quarantine? How would this practice, in stamping out variola, satisfy us? Establish a quarantine against the smallpox, and place in charge men who are not exempt by virtue either of having had the disease or having been vaccinated. What would you think of that, and yet in what is it different from this?

I do not insist that the cause of cholera is not portable, but I do not believe that the cause of cholera is propagated by contagion. I would insist upon the quarantine of infected vessels or cars to the destruction of the germ or specific cause, whatever it may be. I like best the methods practiced by Dr. Joseph Holt, of the New Orleans Board of Health.

Improved sanitation should be the watchcry against such epidemics.

I have not the time to discuss the symptomatology or the management of the disease. The impress of the poison is chiefly, in my judgment, upon the nervous system, as it is in malignant intermittent fever and yellow fever. Absorption from



the alimentary canal and excretion by the kidneys are suspended. Treatment is successful only when applied in the early stages. Mortality is not materially affected by any means in our power after the stage of collapse. Morphia and atropia hypodermically best meet the indications.

My imperfect paper is intended to be suggestive and not exhaustive, and if your wisdom is stimulated to develop by discussion more important facts, I shall feel myself content.

I have stated what were my preconceived opinions; that now I am inclined to the plausible germ-theory, and stand ready to bow to the inexorable power of logical demonstration when it shall be made.

LOUISVILLE, KY.

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## SURGERY OF THE GENITO-URINARY ORGANS.\*

BY A. W. JOHNSTONE, M.D.

In twenty minutes you can not expect me to go deeply into the *pros* and *cons* of all the recognized operations of the genito-urinary tract. But if in that time I am able to give a clear sketch of the various points that the year's work has accentuated, I think that the most fastidious should be willing to vote for our full discharge.

Beginning at the external openings of these canals, we find that in spite of its age circumcision still holds its place as one of the most beneficent of the minor operations. It is a safeguard against venereal diseases in all their forms, a specific for some of the most troublesome reflex neuroses to which children are subject, and last but not least it removes for ever a kind of eczematous balanitis that gives many adults untold annoyance. The so-called fossa navicularis, which for so long has been

\*Read at the June meeting of the Kentucky State Medical Society, 1885. Report of the Committee.

thought to be a physiological condition, is now being looked on with suspicion, and by some of the best authorities is believed to be an abnormal bulging of the urethra caused by its efforts to overcome a pathological narrowing of the meatus. The clinical proof that is brought in support of this is the persistence of gleet wherever this fossa is well developed and its rapid relief by the incision of the meatus.

After many generations of wandering in that wilderness of urethral pathology, the profession a few years ago caught the first glimpse of that long-sought promised land where strictures cease from troubling and the urethra is at rest. The clue that led them to its verge was the demonstration of the relation between the caliber of the urethra and the circumference of the penis. Following close on its heels was the finding of elastic tissue in a large proportion of strictures. Its logical sequence was that once thoroughly divided and kept separated until the gap had been filled in with a new splice, secondary contraction is not apt to recur. Thus by a species of skin grafting, as it were, we assist nature to return to the normal state; by repeated dilatation we force the epithelial coat of the urethra to push out its edges across the elliptical bed of granulation that springs up in the longitudinal cut till, meeting in the median line, they have completed a protecting covering which in due time becomes a true mucous membrane. So thus by a very simple device "the man of the town" is free from his whilom companion, which, like Faust's dog, has long been harassing him with his omnipresent and ever-lessening circles; and while scarcely, if ever, showing positive signs of danger, still keeping alive that nameless dread, which to him may be the foreshadowing of a real Walpurgis Night. For what can be more like a foretaste of the wrath to come than a few months' companionship with a tight stricture, and could Mephistophiles with all his cunning invent a more terrible torture than an impassable contraction with a few perineal sinuses? In spite of all that has been written and said about gradual dilatation and divulsions, experience and the study of this year's literature has more than ever convinced me

that Otis is right when he says, "if you want to get rid of an old organic stricture it must be stretched to its full capacity and its elastic tissue cut while on the stretch, and after this thorough division it must be kept apart until the cut has healed." This however has been so widely discussed that all that is necessary for me to say is to what classes of cases it is applicable.

In recent strictures (that is, of only a few months' standing), which have not diminished the caliber of the urethra more than five or six millimeters, in my experience, we may expect a *cure* from the gradual dilatation of the sound; but all other passable strictures, except those at or behind the triangular ligament, should be cut on the dilating urethrotome, and managed afterward as already indicated. There is nothing especially new on the impassable variety. The Wheelhouse operation, where the urethra is opened one third of an inch in front of the obstruction, thus bringing you to close range, where it is frequently possible to worm a guide through that refused to pass when entering the meatus, is the best form and, as I think, the only justifiable external urethotomy. In old times, when strictures of moderate caliber were divided on staffs, the surgeon unwittingly did what Otis, Tèvan, and a host of others now intelligently perform, that is, thoroughly divided the elastic tissue. But, as both the danger and inconvenience of internal urethrotomy are so much less than that of external, it ought to be confined to those impassable contractions that we know are short and that we are confident are not very tortuous; where, however, we are unfortunate enough to come in contact with a long, deep, crooked one, the best thing to do is to cut the Gordian knot by doing the analogue of lumbar colotomy, Cox's operation.

Amid all the disagreeable things about the urethra, it is as fortunate as it is true that just in front of the prostate the last part of the membranous urethra never is strictured, so that, no matter how much in front of it the canal may be narrowed, there is always a point in front of the sphincter of the bladder that is accessible to the surgeon's knife. This once reached, "Nature's sweet restorer" soon softens down the hard old

stricture tissue, and so before very long you will be able to do internal urethrotomy.

There is a well-grounded dislike among surgeons to internal urethrotomy on strictures at and behind the triangular ligament, its principal cause being hemorrhage. As I can testify, this is sometimes frightful, and unless you are prepared with full sized catheters and the other proper means of producing pressure, it would, to a certainty, be fatal, so that for the ordinary practice on strictures in this region the rapid dilators have still a field of usefulness. On inflammation of the mouths of the ejaculatory ducts I have been able to find next to nothing new, and for the relief of that train of symptoms in the male which so closely resembles the uterine symptoms, I must refer you to the ordinary and comparatively satisfactory treatment with local applications.

Diseases of the prostate and their complications, as we all know, furnish a very large proportion of the material of this specialty. To the ordinary practitioner, and to the specialist frequently as well, the greatest point in their treatment is to overcome obstructions to the flow of urine.

The ingenuity of generations has been exhausted on prostatic catheters, but still there are a few cases that defy them all. Those that will be found most serviceable are the straight with the shortest of angular beaks. In fact, I am beginning to believe that the old original, perfectly straight prostatic catheter is, after all, the best. Not quite a year ago, after trying all the known forms of vertebrated and soft catheters, with hard tips, to no purpose, in sheer desperation I picked up a straight evacuator tube, No. 28, and to my surprise it went in with scarcely a halt. But when we have exhausted all the catheters from the meatus, an opening in the membranous urethra gives rest to the irritated canal and permits the instrument to pass straight up over the bar or valvule, whichever it may be. When we are unable to get in at all, I think that the aspirator is preferable in all forms of retention to tapping through the rectum, for it generally does not have to be kept up longer than a few days until the swelling of the urethra subsides enough to let you in.

So much for the palliative. As to the radical cure, a great deal has been done in the way of suggestion, but until lately nothing in practice. Mercier's crushing instrument, which bit out this bar or valvule, was all right in theory, but in practice it did not work well. Last year, at the International Congress, the first series of cases in which this bar had been removed by the finger and knife of the operator introduced through the membranous urethra were given by one of the London surgeons, and his results, to say the least of it, look quite encouraging. This last method is one that will commend itself to every surgeon in preference to the first, for there is the same difference between them that there is in exploring the bladder for a tumor with a sound and with the finger.

The results of the removal of vesical tumors, as given by Thompson, are not as good as one could wish, but still, when we recollect that the majority of them are carcinomatous, and that until he begun their extraction all such patients were left to die, the few that are thus saved to life and usefulness are, to say the least of it, quite gratifying.

Electrolysis is being tested, not only on these tumors but on enlarged prostate and stricture of the urethra, but the material thus accumulated is insufficient for the foundation of any conclusions. Stone has always been a favorite field for discussion, and during the last year we have heard a good deal about it, but the weight of opinion is now decidedly in favor of crushing in adults and cutting in children of the male sex. The most striking statistics of the year are those from Freyer, of Calcutta, who, in a series of over one hundred lithotomies in male children, has never lost a case; and in nearly twice that number of litholapaxies on adult males his mortality is about three per cent. I am more than ever convinced of the truth of the statement that I made to this Society one year ago, which was, he that now operates for stone must soon use the crushing with rapid evacuation or give up his practice.

The year's surgery has done much to establish the position of operations on the ureter and kidney; so that now one

who hesitates to remove a foreign body from either, or the kidney itself when necessary, is looked on with suspicion. But like, in its close relation, abdominal surgery, the great point is always to know just how far to go. The field has not yet been worked thoroughly enough to lay down any set of rules by which we can always tell just when the opening and draining of a cyst is what is needed, or whether we must go further in the search for an obstruction that makes it one of the retention variety, or even to the radical operation of the extirpation of the whole organ. For the settlement of these points the surgeon must rely on his previous pathological training, for on it alone rests his degree of success.

On diseases of the testicle we have absolutely nothing new. The principal change in their management being in a tendency to return to the old method of handling hydrocele; that is, free incision. Iodine and other injections cure some cases, the various methods of drainage relieve others, but there is a class of obdurate which give way to nothing but granulation from the bottom.

So far I have been dealing with the male organs. As for the female, little more remains to be said, except that stones in all times of life should be crushed and washed out. The only useful new thing that the fertile brain of the gynecologist has worked out for the female urinary operations is the button-hole of the urethra, for by its use many different conditions of that much exposed and intolerant surface are discovered and relieved. Much as has been done in this field of our profession a great deal more remains, and for the encouragement of the ambitious who are just entering it, I will say that many generations will pass before, Alexander-like, they are forced to weep for new fields to conquer.

DANVILLE, KY.

## **Proceedings of Societies.**

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### **THE KENTUCKY STATE MEDICAL SOCIETY.**

PROCEEDINGS OF THE THIRTIETH ANNUAL SESSION, HELD AT  
CRAB ORCHARD, JUNE 24, 25, AND 26, 1885.

#### **FIRST DAY—WEDNESDAY.**

At 4 o'clock P.M. the Society as a body and as individuals was welcomed to the hospitalities of the Crab Orchard Springs summer resort in a graceful address by the manager, Colonel Will S. Hays. Dr. Edward Alcorn then delivered an address of welcome on behalf of the Committee of Arrangements; prayer was offered by the Rev. J. R. Boger, after which the session was formally opened by the President, Pinckney Thompson, M. D., and the numbers of the programme taken up in regular order.

The report of the Permanent Secretary, Dr. S. M. Letcher, and the reading of the minutes were dispensed with.

The report of the Treasurer, Dr. E. Alcorn, showed a sufficiency of means to meet current expenses, with a small balance in the treasury.

*The Report of the Standing Committee on the Practice of Medicine* was read by Dr. Wm. Bailey, of Louisville. [See page 77.]

In discussing the report, Dr. Dudley S. Reynolds said he failed to recognize the force of the logic employed by the essayist. He could see, first, no force in the objection to the finding of the comma-bacillus only in the intestine. It is by producing such lesions in the intestine as will drain from the blood a sufficient amount of water to produce death that the germ is believed to act. Smallpox, on the other hand, is a blood disease. Reference was made to the recent reports of Drs. French and Shakespeare, of Philadelphia, on the epidemic of typhoid fever at



Plymouth, which, in the belief of the speaker, went far toward demonstrating the germ origin of this disease also.

Dr. Joseph N. McCormack believed the germ-theory of the origin of cholera better established than those of either the climatic or telluric, because, among other reasons, the disease does not prevail to the same extent at the same time in places having, so far as can be ascertained, precisely the same climatic and telluric influences. He then referred at some length to several outbreaks of cholera during the epidemic of 1873 in this country as well as that of last year in France and Italy, showing that in every case in which thorough investigation had been made, a direct line of transmission could be traced between formerly infected regions and the recent point of outbreak.

Dr. Yeager, of Campbellsburg, while admitting the strength of the theories advanced by the previous speakers, objected to the germ-theory in general, without, however, fortifying his position.

Dr. J. B. Marvin thought the essayist had not pursued his investigation of the comma-bacillus to a sufficient extent. He desired, therefore, to invite attention to the fact that there are three distinct varieties of comma-bacilli, only one of which, viz., that of Koch, has been cultivated and found capable of propagating the disease. In conclusion, he referred to the outbreak of cholera at Mecca (the place a few days before being free from the disease) after the arrival of pilgrims from an infected province, 15,000 out of 100,000 pilgrims died of it.

Dr. Bailey, in concluding the discussion, remarked that he had in his paper made few positive assertions; but that his object had been to exhibit that healthy skepticism the tendency of which is toward the discovery of truth.

The Association then adjourned to re-convene at 8 P. M.

#### EVENING SESSION.

At 8 o'clock, P. M., Dr. L. S. McMurtry in the chair, the Association listened to the address of the President, Dr. Pinckney Thompson, of Henderson. He congratulated the Society on the auspicious circumstances attending the opening of its

thirtieth annual meeting. He said, "We can to-night quote old Francis Quail's words, rejoicing in the whole truth of the first clause, while smiling at the half truth of the last: 'Physicians are of all men the most happy; whatever good success they have the world proclaimeth, and what faults they commit the earth covereth.'"

Continuing at some length to eulogize the profession and to speak of their opportunities, he evolved the principle that responsibility for much of the crime of the present age rests upon the shoulders of the physician! Crimes he traced to blood and breeding, and physicians understanding the importance of good blood and training are bound to be the teachers of the people on these important topics.

The remaining portion of the address discussed the evils which are sapping the life of society, particularly the errors of education and dress, which are becoming more and more recognized as responsible for serious damage to the bodies and minds of the young; especially of young women. School buildings of four and five stories were particularly condemned as factors in the ruin of health in girls. Upon this point the speaker said:

"Is there a doctor in my hearing who does not know that these girls in ascending these stairs six or eight times a day bring into active exercise, first, the diaphragm, and then the abdominal muscles, in such a way as to press the abdominal viscera downward upon the pelvic contents, so as in many instances to displace the uterus, and sometimes to bring its ligaments to such a strain as even to displace the ovaries, thereby superinducing metritis, hypertrophy, flexion, version, prolapsus, and all the series of painful diseases to which woman is a victim and a martyr?"

The address concluded with the following pertinent questions and reflections:

"Now, are we, as medical men, trying to correct these evils? Are we trying to teach the multitudes that to continue these evils is slow suicide? Are we with earnestness and determination resisting and condemning the overtaking of children, especially girls, mentally and physically? Are we exerting an influence in procuring such legisla-

tion as will enable the officers of the law to compel cleanliness in all its forms, and thereby prevent disease and crime, and elevate the human race? Are we influencing school authorities to adopt proper methods in education for fostering the physical and mental vigor of the pupils? Are we in our daily intercourse with the people, among whom we practice and who will hear our words, warning them of the great importance of observing all these important hygienic laws, especially in the family and in the school-room? If not, then we have missed a most important part of our calling, and have fallen short of the high ideal of our noble profession."

*The Physician's Opportunity for Being and Doing Good*, was the subject of a paper read by Dr. E. Williams, of Cincinnati:

After making a clear differential diagnosis between the physician and the quack, the speaker drew a picture of a good physician. His is not goody-goodness, which is pious taffy, neither is it nasal-twang righteousness. Modest modesty never whines.

He next considered the relations of the ministers and the physician, insisting that they should be co-workers, not antagonists. He believed in the need of a sound divinity in the medical profession, and a sound hygiene in the church. He denounced the practice of religious periodicals in advertising quackery as an outrage on God and man. The following extract well illustrates the temper and tone of the address:

Theologically I believe in the germ-theory. The germs of the worst crimes are in us all. But even as a prodigal son, feeding on husks instead of heavenly manna, there is something noble and worth saving in man.

God brings him to the pig-pen of degradation, that he may come to himself and see that the devil is to pay. It is wise to remember our capacities for good or for evil. It behooves us to judge charitably of fallen humanity, and be modest in the highest honors. Knowing how hard it is to sit down on the old Adam in the divine interest of the new, we must walk circumspectly.

Religion is for man as man, back of professions, culture, sickness, health, of every thing but the longing human heart. The well and the sick need its inspirations and promises alike. Religion is not to die by, but to live by. I have very little faith in sudden conversions in view of the gallows. One thief was in paradise with the Savior the day they were crucified. But this was an honest thief. The peace and

safety of society demand that sudden opportunities for conversion at the gallows should be given oftener. The last drop of patience, in a long-suffering community, may be exhausted before the last drop of the criminal comes. I have talked particularly about physicians, not that they need the peace that passes understanding more or less than others. They have special opportunities for doing good in their sacred obligations to their patients. If the man, whose life's mission is to cure disease, asks God for wisdom, why should not he who suffers trust the same divine power? It was the daily habit of Thomas Sydenham to write the names of the patients he visited by day that he might not forget them in his evening prayer.

SECOND DAY.—THURSDAY.

The Association was called to order promptly at 9 o'clock A. M. Miscellaneous business was made the order of the hour.

The Board of Censors reported on a communication from the Medical Society of Boyle County complaining that the two members of the State Society from that county, Drs. Johnston and E. W. Bogle, were not members of said Society. Having carefully considered all the assertions of the complaint and the circumstances associated with it, the Board had decided that as the charges were not of a damaging character, but only such as could be corrected by the County Society, the matter should be referred back to it.

It was further announced that, in the interpretation of the Board, the constitution does not require continued membership in county societies to retain membership in the State organization, provided the requirements of good standing be maintained.

The report of the permanent Secretary indicated an unabated interest in medical matters throughout the profession of the State. The statement was also made that owing to some oversight the amount of \$100 appropriated at the last meeting to the Sims' monument fund had not yet been paid.

A communication was read in full, from the Secretary of the American Medical Association, asking the co-operation of this Society in securing the passage by the State legislature of the bill framed by the committee appointed by the National associa-

tion and providing for the appointment of a State board of medical examiners.

A communication was also read, from the committee on the Collective Investigation of Disease of the American Medical Association, asking that a committee be appointed to co-operate with that committee.

A communication from the Association of Superintendents of Asylums for the Insane, recommending the adoption of measures for the prevention of the immigration to this county of the so-called "defective" classes of society, was read and referred to a special committee.

The report the of Committee on Nominations was next heard, recommending the following:

President, J. P. Thomas, M. D., Pembroke.

Sr. Vice-President, J. A. Shirley, M. D., Winchester.

Jr. Vice-President, R. C. McCord, M. D., Lebanon.

Permanent Secretary, J. Steele Bailey, M. D., Stanford.

Assistant Secretary, Fayette Dunlap, M. D., Danville.

Treasurer, Edward Alcorn, M. D. Hustonville.

Librarian, J. S. Taylor, M. D., Warren County.

Board of Censors, S. M. Willis, M. D., Winchester; J. W. Harwood, M. D., Shelbyville; M. E. Poynter, M. D., Midway.

Chairman Committee of Arrangements, S. M. Willis, M. D., Winchester.

Place of next meeting, Winchester; time, the last Wednesday in June, 1886.

The report was unanimously adopted.

*The Report of the Committee on General Surgery* was made by Dr. J. M. Mathews, of Louisville. [For full text see AMERICAN PRACTITIONER for September.]

In the discussion Dr. W. Cheatham, of Louisville, said that he thought the essayist had mistaken the action of cocaine in preventing union. He had not observed this effect in the many cases in which he had tried it. An important action of the agent was, in his opinion, its styptic powers; but he had also found that it rendered secondary hemorrhage a little more likely to occur.

Dr. Williams, of Cincinnati, said :

I have been in the habit of using cocaine a great deal in painful affections, in paracentesis of the drum membrane, etc., and with uniform satisfaction. I have sometimes used it in enucleation of the eyeball, and I have come to the conclusion that none of the American preparations are equal in efficiency to that made by Merck, of Darmstadt. There is no amount of experience that has been entirely satisfactory to me in any department of work that I know of in this world, but at the same time there is no kind of doubt that the introduction of this local anesthetic has proved a very valuable addition to the means we already possess for the relief of human suffering. In the extraction of cataract the specialist uses it now altogether without resorting to general anesthesia. It is not applicable to all operations, however.

Dr. W. O. Roberts, of Louisville, had made use of cocaine frequently in operating upon small tumors; in one case the operation was followed by the application of caustic, and no pain was complained of. He had used it also in fissures, but without satisfactory effect. In irritation or inflammation of the prostate gland he had had some happy results.

Dr. Scott, of Louisville, said :

Several points in this paper struck me with much force, among others that a surgeon can pass from the post-mortem table to the side of a woman in ovariectomy with no danger of carrying infection to the woman being operated upon. How far would any of us feel justified in indulging a practice like that? We all feel it improper to expose ourselves to any such disease as puerperal fever, traumatic fever, or erysipelas while we are expecting to be called to a case of confinement, and I am led to ask how much can we measure our own personal responsibility; how far can we in justice expose ourselves to these diseases which we regard as infectious and contagious before going to a case of confinement, and how far can we carry disinfection to render it safe after seeing such a case to attend one of confinement?

Dr. Reamy, of Cincinnati, a recognized authority on obstetrics and gynecology, said :

The paper just read was extremely interesting and instructive to me. So far as the statement that it is entirely safe to pass from the



dead-house to the operating table is concerned, I insist that we should ever bear in mind the well-known fact that the germs of decomposition which play havoc in the dead-house are not the germs that threaten danger to the living. It is a question of greater importance to determine if it is not more dangerous to pass to the lying-in chamber from the house of the living. I have no hesitation, gentlemen, in saying that if a man is in constant attendance upon a case of erysipelas, or traumatic or puerperal fever, unless he is in a position to be able to change his clothing, even to his shoes and socks, and be shampooed by his barber and take a bath, he ought not to approach the lying-in chamber. But granting that a man can so disinfect himself, it is yet safe to say that a man who is in attendance morning, noon, and night upon these contagious diseases is not a suitable person to attend a case of obstetrics. But can a man subject himself to sufficient disinfection to justify him in attending a case of obstetrics after exposure in the sick-room of a patient suffering from puerperal fever? I believe he can. I was in consultation very recently, at Glendale, O., in a case of puerperal septicemia where, at my last visit, it was necessary for me to make complete examination, and expose myself in this way to the utmost. The case proved fatal, and the exposure was complete. On the next evening I was summoned to attend a case of confinement. As soon as I arrived home from the case of which I speak, my clothing was completely removed from head to foot, I took a bath, and followed it by another containing as much carbolic acid as I felt inclined to bear, went to my barber, and in the evening retired to the house of the case I speak of, where I remained almost constantly for the next twelve hours. No bad results whatever attended the case. I certainly could not have felt justified in going without taking these precautions. It does not do in these cases to simply wash the hands with great care in solutions of carbolic acid and water.

Dr. M. F. Coomes, of Louisville, spoke of the importance of prompt operation in abdominal wounds. Operative procedures are apt to be too long delayed. If cleanliness is enforced wounds here will unite as readily as wounds in any other part of the body. Iodoform was especially lauded for its action upon the nose, throat and eye. The most painful conditions are promptly relieved. In one case toxic symptoms developed after the remedy had been used regularly for seven weeks, and appeared at every successive application of the powder.



*Laparotomy* was the title of a paper read by Dr. Archibald Dixon, of Henderson.

The first case reported was that of an abdominal tumor, which was found to be an enormous uterine fibroid. In the course of five months, from the time it was first shown to the doctor, it increased from a tumor filling the pelvis to one filling the entire abdomen. On the 23d of May it was operated upon, after the method of Schröder. The steps of the operation and the ligature and division of the pedicle were described with accuracy. The abdomen was carefully cleansed, the sutures applied, and the wound dressed according to Volkmann's method. The patient rallied well and did nicely until the tenth day after the operation, when her temperature quickly arose to 104°. When, however, the dressing was removed and exit given to a small quantity of pus, the temperature soon fell to normal. No other evil symptoms occurred. This elevation the speaker pronounced an aseptic fever, not due, as is so often stated, to septic infection. A number of cases by other operators were sketched.

*The Report on Orthopedic Surgery* was delivered by Dr. A. M. Vance, of Louisville.

*The Report on the Surgery of the Genito-Urinary Organs* was by Dr. A. W. Johnstone, of Danville, Ky. (See page 83.)

Dr. L. S. McMurtry, of Danville, reported a case of ligature of the subclavian artery in the third part of its course for traumatic axillary aneurism, with subsequent incision of the sac and recovery. The patient was a robust man, aged thirty years, who, thirteen months previous to the operation received a pistol wound of the shoulder, the ball passing deeply in the vicinity of the shoulder-joint. In a few weeks a small lump appeared in the axilla, which increased in size until, at the time of operation, thirteen months after the wound, it had reached the dimensions of a child's head. The tumor occupied the entire axillary space, and had burrowed up beneath the pectoral muscles. Paralysis of the arm, forearm, and hand resulted from the pressure on the brachial plexus of nerves, so that this member hung useless at the side. The operation was performed two days after the

patient called for advice. A silk ligature was thrown around the subclavian at the external border of the anterior scalene muscle. Pulsation was at once arrested in the tumor, and never returned. The radial pulse, which, before the operation, was feeble and fluctuating, was annihilated. The patient made a prompt recovery without accident or complication. On the 21st day the ligature came away. One month afterward the patient returned home, and was not seen for four months. After the lapse of this time the patient again presented himself. The tumor had materially decreased in size without pulsation or tenderness. The pressure on the brachial plexus remained with the consequent paralysis. It was then determined to extirpate the tumor. The patient being anesthetized, a ligature was thrown around the axillary artery on the distal side of the tumor to control hemorrhage from collateral recurrent branches. The tumor was laid open, the clots removed, and the wound cleared. The patient is now making a good recovery, and will soon be ready to resume his occupation as a farmer.

In discussing the subject Dr. W. O. Roberts reported the case of a man who received a stab wound just above the clavicle. The hemorrhage following at the time was slight. One week later, however, a severe hemorrhage occurred. The arm of the same side was paralyzed and the pulse at the wrist had disappeared. The opposite pulse was weak and beating 140 times per minute when examined by the surgeon. The wound had then healed and there was no enlargement. Upon examining the chest, the apex of the heart was distinctly felt just below the right nipple, and percussion of the left side of the thorax revealed absolute flatness. The patient died twenty-four hours after. The post-mortem revealed that the knife had penetrated the scalenus anticus muscle, and punctured the vessel. Around the seat of puncture there had developed a traumatic aneurism. This in time had ruptured, making a large rent in the upper border of the pleura and filling the chest cavity with blood, pushing, at the same time, the lung upward and backward against the posterior wall of the chest.

Dr. Roberts reported another case. It was an osteosarcoma of the shoulder, which was removed by disarticulation at this joint. Neither the scapula nor the head of the humerus was involved. The patient did well until the fourteenth day, when the wound had healed through its upper two thirds. Slight hemorrhage was present. Six days later a gush occurred which required pressure upon the subclavian. The original wound was re-opened, and the hemorrhage was traced to the axillary artery, which was then ligatured *en masse*. Five days later hemorrhage again appeared. The subclavian artery was then ligated and the hemorrhage completely arrested for two weeks when a slight flow occurred. This was arrested permanently by pressure.

*The Therapeutic Value of Local Agents in the Treatment of Diseases of the Eye*, by Dr. M. F. Coomes, of Louisville, was the next paper. The choice of remedies in diseases of the eye, he said, must be based upon their application to the case. He then passed in review the several agents commonly applied locally to the eye, with the indications of each. For most of them he assigned a wide field, but discarded jequirity as being applicable to a very limited number of cases, if not too dangerous to be used at all.

In the discussion Dr. W. Cheatham stated that he had used jequirity with freedom and with none but good results. He applied it directly to the eye in the form of powder.

Dr. E. Williams, although he had used jequirity to a considerable extent, thought it as dangerous and not so certain in its results as inoculation with the virus of gonorrhea.

*Necrology.* Dr. L. B. Todd reported the deaths of Drs. James Knapp, W. S. Parrish, William E. Hatcher, Theodore S. Bell, and John J. Stevenson during the year.

#### AFTERNOON SESSION.

Dr. J. A. Stuckey, of Lexington, presented a case of rare interest as illustrating the extent to which the abdomen may be injured without fatal result. The patient was a young man who

had been crowded between the draw-heads of a locomotive and freight car in attempting to make a coupling. The coupling-link was forced through the walls, entering at a point a little above and interior to the anterior superior spinous process of the ileum and passing out at a corresponding point in the back. The link weighed seventeen pounds and made a large wound. Evidences of recent repair were present in the wound.

*The Sources of Error in the Operations Intended to Correct Squint.* Dr. Dudley S. Reynolds, of Louisville, in the report of the committee on ophthalmology, said: It is necessary, before arriving at any conclusion with reference to the treatment of persistent squint, to determine what are the real causes of the trouble. The true cause of the majority of these cases was first announced by Donders. Von Græfe was the first to apply the discovery and devise an operation that met the requirements of the affection. The speaker described the cause of the difficulty with some fullness, errors of refraction, of focusing power, accommodation, etc., troubles of nutrition, troubles in the sensorium, opacities of the cornea, affections of the coats of the eye, of the vitreous humor, etc. In attempting to relieve such cases it was recommended first of all to remove the cause of the difficulty, overcoming errors of refraction by appropriate glasses. The operation for squint should be resorted to only in cases that have resisted all other treatment, and it is contra-indicated in all but cases of single squint. Squint should be treated as soon as observed, and not allowed to go on; but the operation should never be performed until other measures have received a trial.

In the discussion Dr. W. Cheatham remarked that he had made it a rule not to operate on cases of squint until the child is at least old enough to wear glasses, and thus test their efficacy, unless it was found that the sight was failing rapidly.

Dr. E. Williams thought the cases of complete recovery few in number. The result in alternating squint is more apt to be good than in the single variety. There is something, he said, in most cases of squint, at least, that is not explained by errors of refraction; there is a natural error in the balance of the muscles.

*Acute Catarrh of the Middle Ear and Acute Suppuration of that Organ*, was the title of a paper by Dr. W. Cheatham, of Louisville, Ky. [Appeared in the July number of AMERICAN PRACTITIONER.]

*The Report on Pharmacy* was read by Dr. J. P. Thomas, of Pembroke.

The author first considered the new remedies that had appeared within the last two years, with more particular reference to their application, he having failed to make a report of materia medica at the last meeting of the Society. The new preparations that have appeared during the past year were then referred to with reference to their pharmaceutic value. The methods of many manufacturing pharmacists in advertising their drugs were criticized.

*The Report on Diseases of Children* was delivered by Dr. J. A. Larrabee, of Louisville.

Malnutrition and pneumonia are the causes of very many of the diseases occurring in childhood. We do not see the sad pictures in the faces of children in this country that we see in foreign countries, but, unless some restrictive legislation is had within a few years, our eyes will be forced to recognize the same sad features. A great evil in this country is the permitting of children to engage in shop-work at too tender an age. Malnutrition is observed most in the large hospitals and homes for children. As high as ninety per cent has been reported from some of these institutions. In the hospital at Louisville, where mother's milk is always used, the mortality has been only five per cent. As yet no perfect substitute has been devised for mother's milk. Another frequent evil is the over-feeding of children.

Cholera infantum was made the subject of comment. The term, thermal fever, as applied to it by Dr. Wood, is the most correct, as has been proved by the result of the treatment which he prescribes for it. It is, in fact, a mild form of sun-stroke. The treatment is all important. The best method of checking promptly the severe early symptoms is the hypodermic injection

of morphia and atropia. A single injection will sometimes be all that is required. The treatment for the other symptoms, the vomiting, etc., is the salicylate of lime or soda.

Diathesis as a cause of disease was then considered. In the opinion of the essayist, many children die notwithstanding that their cases are being properly treated by the name applied to them, but in which the diathesis has been overlooked.

Fevers are of frequent occurrence in childhood, and depend for the most part upon disturbances of the alimentary canal. With reference to the seldom occurrence of typhoid fever in infants, the speaker adopted the view of Gerhardt, that it depends upon the fact that infants drink less water, and are therefore less exposed to the contagion, rather than upon any supposed non-development of the Peyerian glands. This was rendered the more plausible by the fact that the disease occurs with the greatest frequency and the greatest severity in children at the age when they drink the most water with the least discrimination. In conclusion the doctor remarked that more learning and less medicine are needed in the treatment of children.

In discussing the subject Dr. Webb inquired more particularly with regard to hypodermic medication in children. He had, a few years ago, employed this method in a child, with the happiest results.

Dr. Howard thought that it was wrong to make the distinction between children raised at the breast and those fed by the bottle. It would be more proper between children raised in cities and the country. We do not, he remarked, kill children so fast in the country.

He preferred raising a child "by hand" to allowing it to nurse a delicate mother.

Dr. Scott remarked that the difference in favor of the country was due to the fact that good milk and fresh air are in plenty there. He then spoke of the importance of proper feeding both in quantity and quality. With reference to hypodermic medication, he stated that he had employed it with success, but



he did it also with trembling. He could not, however, see the advantage of a combination of morphia and atropia. He thought that morphia should never be given to a child in combination with other remedies, but separately.

Dr. William Bailey remarked that the treatment of children might be summed up in the statement, that if you wish to starve a child, overfeed it. Is not, he asked, the occurrence of apparent congestion of the brain in cholera infantum in reality due to cerebral anemia rather than congestion? And should not remedies be directed to the increase of the circulation in the brain, rather than to the production of anemia, as by the bromides?

Dr. P. Thompson attributed the great part of the fault of the rearing of unhealthy children in the cities to the evil habits of the mothers, who are either by nature or habit of feeble, delicate constitution. In respect to the lacteal secretion, the speaker said a woman was like any other animal. A goaded, restless animal can not furnish a good lacteal secretion, and a nervous, irritable woman is equally unable to give good nourishment to a child.

Dr. Larrabee, in closing the discussion, expressed agreement with the statement that anemia of the brain is the cause of the cerebral symptoms of cholera infantum. In reply to the inquiry as to the dose of morphia and atropia, he stated that he used the hypodermic pellets containing one fourth of a grain of morphia and one sixtieth of a grain of atropia, making a solution at the time of using, and injecting enough of the solution to contain one two-hundredth of a grain of morphia, and about one six-hundredth of a grain of atropia. This for an infant under a year. He was surprised that the gentleman did not fully recognize the inverse susceptibility of children to atropia. There is no dosage to the man who understands medicine; he gives it only for its effect. He thought it a golden era when the hypodermic syringe was introduced.

*Herniotomies.* The paper of Dr. W. O. Roberts, of Louisville, consisted of a report of a number of cases that had come under the observation of the author. The leading points in

their production were discussed, but the main features of the paper lay in hints and suggestions dropped in the narration of the cases. The modes of treatment in each of the cases was given with sufficient fullness. [This paper will be published in full in the September number of the AMERICAN PRACTITIONER.]

*The Value of Local Agents in the Treatment of Diseases of the Eye* was the title of a paper read by Dr. Martin F. Coomes, of Louisville. He spoke highly of atropia in the treatment of iritis, both as an anesthetic and mydriatic, and favored its combination in solution with morphia, especially in phlyctenular inflammation. This solution should be carefully watched in the cases of children, as the speaker had known poisoning to manifest itself after using one drop of a solution containing one eighth grain of atropia to the ounce. The value of atropia, however, is not what it was comparatively since the introduction of homotropia. Carbolic acid in solution, borax, carbolized oil, tannic acid, sulphate of copper, yellow oxide of mercury, and many others of the legion of agents that have been used topically received notice and comparison.

*Wounds of the Anterior Segment of the Eyeball.* By Dr. J. Morrison Ray, of Louisville:

Injuries of the cornea, iris, and ciliary body are frequent; for this reason they demand the consideration of the general practitioner. The promptness of action required in many cases causes them to be classed as surgical emergencies. A history of the discovery of the preventive treatment of sympathetic inflammation was given. It was maintained that the question most pertinent at the present time was not, would enucleation forestall sympathetic trouble (this was thoroughly established), but how much injury can an eye sustain and still be retained with a minimum of danger to its fellow from sympathy?

Some whose conservatism had given them bitter experience of sympathetic ophthalmia, may advise the enucleation of an eye that by judicious treatment might eventually become useful. A prominent British ophthalmologist was quoted as saying that he was satisfied that, through fear of sympathetic trouble, many eyes were needlessly sacrificed. Histories of cases of extensive injury to the anterior segment of the eye were given, the recoveries under proper treatment being most satisfactory. It was urged that wise conservatism be prac-

ticed in these cases; but the fact must never be forgotten that if much inflammation follows, if the ciliary region is involved in a firm cicatrix, the iris and ciliary body being in a state of chronic excitement, with an abiding tenderness in this region, the eye should be carefully watched, and the patient warned of the dangers which menace the fellow-eye from sympathy.

The author agrees with Swanzy, who says: "Never remove an injured eye unless it contain a foreign body which can not be removed, . . . for inflammation may not come on, and thus the eye be saved."

EVENING SESSION.

*Primary Lateral Spinal Sclerosis.* By Dr. J. B. Marvin, of Louisville:

This is one of the rarest diseases of the cord, and has only recently been recognized as a distinct affection, principally through the writings of Erb, in 1875, and Charcot, in 1876. Seguin, in 1873, published five cases of what he designated tetanoid paraplegia, and to him justly belongs the credit of priority in the description of the group symptoms of the disease. The disease is very gradual in its onset. The real cause is unknown. It attacks robust, muscular young adults, is attended with loss of power in the extremities, with muscular rigidity, spasmodic twitchings, and tremors, and increase of the tendon reflexes, ankle clonus and the knee-jerk being specially marked. The gait is peculiar, the toes drag and appear to stick to the ground, the knees knock together, the back is arched, the chest thrown forward—the so-called spastic gait. The positive and negative symptoms show most clearly that the lesion must be limited to the crossed pyramidal tract.

To Drs. Dreschfield and Morgan (1881) has been attributed the honor of first proving by dissection the connection of the symptoms of spasmodic paralysis with lateral sclerosis in a primary and uncomplicated case of the disease. Althaus denies that this was an uncomplicated case. He claims that the only genuine case on record is the one recorded by Minkowsky, *Deutsches Archiv für Klin. Med.*, vol. xxiv, page 433, 1884.

The diagnosis of lateral sclerosis may be very easy, the principal difficulty being as to whether the lesion is primary or secondary. Transverse myelitis and hysterical condition may give the same motor symptoms. Charcot claims that the lesion in primary sclerosis is wedge-shaped and extends exteriorly to the pia mater, and interiorly

as far as the posterior cornua. This, he says, distinguishes it from secondary degenerations. The progress of the disease is probably the most chronic of all forms of spinal trouble. Uncomplicated cases do not shorten life. Prognosis is very unfavorable as regards recovery.

Treatment is generally without effect, arsenic and the bromides, nitrate of silver, galvanism, hydropathy, iodides, etc., have all been recommended. The reader closed with the report of an interesting case, and gave a number of micro-photographic views with the magic lantern. He also showed under the microscope sections from the cord of a supposed case of the disease.

*Neuro-Retinitis Albuminurica.* By Dr. Wm. Cheatham, of Louisville.

The address was illustrated at its close by means of transparencies prepared from cuts representing the fundus of the eye in a great variety of conditions pronounced healthy, and a few deviations from the standard, as in the disease under consideration. The appearance of the eye in descending myelitis was also described. Neuro-retinitis is a frequent complication of Bright's disease, especially of cirrhotic proliferation in the connective tissue and fatty degeneration.

*Overwork as Related to Insanity.* By Orpheus Everts, M. D. (See page 65.)

In discussing this paper Dr. Coomes attributed many cases of insanity to inanition due to the pernicious habits of business men who spend the entire day at their places of business with scarcely a lunch for each meal.

*Strychnine and Mercuric Chloride in the Treatment of Phthisis,* was the title of a paper, by Dr. T. D. Finck, of Louisville.

Several cases were reported in which this treatment in the dose of one thirty-second of a grain each, thrice daily, had been followed by the most desirable results. The fever, sweats, and debility had all disappeared and an increase of weight had commenced. One of the cases had reached the stage of disintegration before the treatment was begun, but rapidly improved under it.

In the discussion Dr. Dudley S. Reynolds referred to the fact that a great deal has been of late written by German investiga-

tors laudatory of the action of the bi-chloride of mercury in restraining the development of disease. He spoke also of the bacilli tuberculosis in the pharyngeal mucus of individuals troubled with so-called post-nasal catarrh. He further stated that he had found the two remedies, as recommended by the essayist, to have the most desirable effect in removing this discharge from the pharynx and causing the cessation of its formation.

Dr. Bailey exclaimed, Truly the days of the millennium are at hand! We have found the germ, and now we have attained a remedy that will kill him.

Dr. Stuckey, of Lexington, stated that he had made extensive use of this combination in phthisis and had found it the best remedy at hand.

Dr. Letcher stated that he had found the bi-chloride of great service in checking the diarrhea of phthisis.

*Banquet.* At the close of this discussion, the guests were invited to the dining-room of the great hotel, where they found spread an elegant banquet. This was given by the courteous managers of the Springs as a compliment to the medical profession of Kentucky.

THIRD DAY.—FRIDAY.

A large part of this session was occupied with the appointing of committees and the hearing of reports, but little time being allowed for the reading of papers.

The committee appointed to consider the communication from the American Medical Association with reference to State Boards of Examiners reported that inasmuch as the attempt in Kentucky would certainly meet with failure, they recommended that a bill be secured requiring the registration with the clerk of each county of a diploma from a reputable medical school.

The Committee on Immigration reported favorably on measures for the prevention of the importation of the "defective" classes.

Standing committees were appointed to report at the next annual meeting, as follows:

Practice of Medicine, P. B. Scott, M. D., of Louisville.

General Surgery, M. T. Scott, M. D., Lexington.

Surgery of the Genito-Urinary Organs, William O. Roberts, M. D., Louisville.

Orthopedic Surgery A. M. Vance, M. D., Louisville.

Abdominal Surgery, A. W. Johnstone, M. D., Danville.

Gynecology, Archibald Dixon, M. D., Henderson.

Obstetrics, J. W. Harwood, M. D., Shelbyville.

Ophthalmology, M. F. Coomes, M. D., Louisville.

Otology, J. Morrison Ray, M. D., Louisville.

Diseases of the Throat, W. Cheatham, M. D., Louisville.

Rhinology, J. A. Stucky, M. D., Lexington.

State Medicine, L. B. Todd, M. D., Lexington.

Practical Hygiene, J. N. McCormick, M. D., Bowling Green.

Vital Statistics, J. B. Marvin, M. D., Louisville.

Materia Medica, William Bailey, M. D., Louisville.

New Remedies, L. S. McMurtry, M. D., Danville.

Diseases of Children, J. A. Larrabee, M. D., Louisville.

Pathology, D. S. Reynolds, M. D., Louisville.

Necrology, H. Brown, M. D., Hustonville.

Diseases of the Rectum, J. M. Mathews, M. D., Louisville.

Delegates to the American Medical Association: William Bailey, J. P. Thomas, L. B. Todd, J. A. Larrabee, D. S. Reynolds, J. H. Letcher, J. M. Mathews, William Cheatham, F. C. Wilson, Horatius Mann, M. F. Coomes, J. N. McCormick, W. O. Roberts, L. S. McMurtry, Fayette Dunlap, R. S. McCord, O. D. Todd, A. W. Johnstone, J. B. Marvin, H. Brown, Edward Alcorn.

Delegates to the Ohio State Medical Association: J. H. Wade, M. D., J. D. Kincaid, M. D.

Committee on Legislation: Drs. P. B. Scott, J. N. McCormick, and Wagner.

Dr. J. W. Harwood stated that it had been impossible for him to prepare a report on Vital Statistics, since no record of them is kept in the State. It was therefore moved that the legislature be petitioned to enact a law requiring the registration in



the County Clerk's office of each county an accurate report of all births, marriages, and deaths occurring in said county.

*Inflammation of the Mammary Gland.* By J. G. Cecil, M. D.:

The suggestions of this paper were directed particularly to causation, results, and treatment. Abscess is in the large majority of instances produced by a pre-existing erosion, or fissure of the nipple, and not as is often supposed by obstruction to the flow and accumulation of milk in the ducts and acini of the gland. Treatment directed to the removal of milk when abscess is threatened, by pumping, massage, etc., is misdirected; it neither prevents nor cures, but is the direct cause in many cases of the very trouble it is designed to prevent. The cause of the subglandular variety, according to Billroth, is to abscess-formation in the deep-lying glandular structures, the pus perforating the fascia-like connective tissue at the base of the organ into the loose connective tissue situated between the gland and pectoral muscle. Abscess never occurs in a puerperal breast which has never been nursed.

Of the results of abscess the most important is the development of carcinoma in the scars and lumps remaining after inflammatory action. From figures given by S. W. Gross it was deduced that 42.25 per cent of the cases of mastitis subsequently developed cancer. Referring to treatment, applications of astringent or hardening lotions are advised by way of prophylaxis.

For management of inflammatory conditions of the gland or subcutaneous tissue, or obstinate fissures and erosions, the roller bandage and rest as recommended by Dr. Philander Harris is advised. All interference by local applications, massage, breast-pump, etc., is interdicted. The milk being innocuous is left to take care of itself. When the cure is accomplished, the child is again put to the breast. In case of formation of pus, it is evacuated by free incision and the bandage re-applied. If abscesses are multiple, break all cavities into one and treat antiseptically.

Discussing the subject, Dr. T. A. Reamy, of Cincinnati, indorsed in the main the statements of the author, heartily commending his remarks upon the breast-pump. He then reported twenty-two cases, occurring in the Good Samaritan Hospital, of mothers whose children had been taken from them soon after birth. In eight he had used belladonna plasters to arrest the flow of milk, and in the remaining fourteen nothing

was done. In all there was no sign of abscess. Fissures of the nipple is a frequent cause of abscess, but they are less likely to produce it when let alone.

Dr. F. C. Wilson, of Louisville, exhibited a number of tracheotomy instruments, his object being to elicit discussion upon the relative value of these devices in given cases; but time did not allow the theme such as it merited.

*Fractures of the Femur; Treatment*, was the subject of a paper by Dr. P. S. Connor, of Cincinnati, Ohio. [Published in the July issue of the AMERICAN PRACTITIONER.]

*The Treatment of Cross-eyes* was the theme of Dr. R. M. Ferguson, of Louisville. This was a thoughtfully prepared essay, and contained some pertinent suggestions as to the laws governing surgical interference in strabismus. He claimed that no case should be operated upon until after its history had been thoroughly investigated. All cases are not fit for operation, and in many the attempt will result only in evil. The time did not admit of the discussion of this paper.

*Cholera; its Etiology and Mode of Propagation*, by Dr. T. B. Greenley, of West Point, was the last paper presented.

A modification of Hay's saw was exhibited by Dr. Coghill, of Paducah.

The Association adjourned to meet next in Winchester, on the last Wednesday in June, 1886.

## Reviews.

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**Urinary and Renal Derangements, and Calculous Disorders; Hints on Diagnosis and Treatment.** By LIONEL S. BEALE, M. D. Cloth, pp. 356. Price, \$1.75. Philadelphia: P. Blakiston, Son & Co. 1885.

Any work by this well-known and voluminous author is sure to attract attention and have a wide circle of readers. In this volume Dr. Beale maintains his reputation as a vigorous and interesting writer. Though the expert may find nothing strikingly novel or original, yet all may derive benefit, if not instruction, from a study of its pages. Some timely advice will be found in the opening remarks concerning the importance of water and the use of acids and alkalis in the treatment of urinary disorders. For irritable bladder the author recommends *liquor potassæ* and linseed tea or barley-water. He seems to be ignorant of the superior virtues of corn-silk. He ridicules the idea that bacteria play any part in the production of catarrhal inflammation of the bladder.

The division of the work relating to urinary deposits is full, and, on the whole, satisfactory. Thirty-five pages are occupied with a discussion on derangements of the sexual functions. "The besetting trial of our boys" has become a hackneyed and tiresome theme with certain English writers.

The full discussion of the various theories of albuminuria and the *resumé* of the treatment of kidney diseases in general are very good. Diabetes is also well handled. The full directions in regard to diet in diabetes and Bright's disease will repay a careful study. In chronic renal diseases the first place is properly given to iron. Our experience differs from the author's when he states that "mercury, even if given in very small doses, in chronic renal disease often causes profuse salivation, and sometimes extensive sloughing dangerous

to life results." In the medicinal treatment of diabetes the author makes no mention of arsenic, ergot, iodoform, or the bromides. The concluding division of the work, on urinary calculi and calculous disorders, is complete, and the student will find in it much timely advice and many valuable hints. The publishers have done their work in their usual most creditable manner.

J. B. M.

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**Lectures on Diseases of the Nervous System, especially in Women.** By S. WEIR MITCHELL, M. D. Second edition, revised and enlarged; with five plates. 12mo, pp. xii and 287. Philadelphia: Lea Brothers & Co. 1885.

A new edition of this well-known work will meet with general professional welcome. As the title announces it deals with some of the rarer forms of nervous maladies, especially in women, and probably no work in our language develops or displays more features of that many-sided affection, hysteria, or gives clearer directions for its differentiation, or sounder suggestions relative to its general management and treatment. The book is particularly valuable in that it represents in the main the author's own clinical studies, which have been so extensive and fruitful as to give his teachings the stamp of authority all over the realm of medicine.

The chapter which gives a detailed account of his investigations relative to the influence of meteorological conditions upon the prevalence of chorea, with its numerous ingenious illustrative charts, is an old familiar feature.

Among the new features of the work may be noted a discussion of the difficulties of diagnosis in hysterical diseases of the joints, the relation of hysteria to organic disease of the spine, and disorders of the rectum and defecation in hysteria. The relation of hysteria to pain and distortion of the limbs, with infiltration about the joints, and organic disease of the spine, is truly a most difficult pathological problem, and one that can not

fail to raise a puzzling question with those who have been schooled in the old ways of pathology; since it seems like a confusion of terms to attribute structural lesions to a malady which one has been taught to regard as purely functional. Is it not probable that a more searching investigation of these marvellous cases will reveal some visible lesion of the nerves or the cord?

The work, though written by a specialist, has no exclusive character, and the general practitioner above all others will find its perusal profitable, since it deals with diseases which he frequently encounters, and must essay to treat.

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**A Manual of Organic Materia Medica:** Being a guide to *Materia Medica* of the Vegetable and Animal Kingdoms, for the use of Students, Druggists, Pharmacists, and Physicians. By JOHN MAISCH, Phar. D., etc. Second Edition, with two hundred and forty-two illustrations. 12mo, pp. 511, cloth. Philadelphia: Lea Brothers & Co. 1885.

The object of this work is to facilitate the systematic study of organic materia medica, and as a text-book for the student in pharmacy and medicine it has already made good its claims. Much if not all the subject-matter of the book may be found in the National Dispensatory, of which it makes an essential feature; but the encyclopedic scope of this work unfits it to serve the uses of beginners. It will, therefore, be readily seen how important it is that this wealth of matter should be rendered accessible to the student by condensation into a treatise for his especial use.

The author's classification brings together such drugs as resemble one another in physical and structural properties; the special properties of each, in his opinion, being made more prominent by comparison. This was the arrangement adopted in the first edition and preserved in the text of the second; but a full list of drugs classified according to their botanical or zoological characters, is now appended, which adds greatly to the value of the

book for such students as may be fitted to follow the subject along the line of natural history classifications.

The work contains no therapeutics; but the medicinal properties of each drug are given in brief statement, with the doses of the principal preparations of each. The metric system is used throughout the work, but the decimal figure is in every instance translated into its English equivalent. The illustrations are above criticism.

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**A Manual of Dermatology.** By A. R. ROBINSON, M. B., L. R. C. P. & S., Edinburgh; Professor of Dermatology at the New York Polyclinic, Professor of Histology and Pathological Anatomy at the Woman's Medical College of the New York Infirmary, etc. 8vo, pp. vii and 647. New York: Bermingham & Co. 1884. Price, \$5.00, cloth.

This is a most creditable work from the hand of one of our rising specialists. To the average reader, and indeed the average editor, who must realize the truth of the wise man's saying, that "in the making of many books there is no end," a work on the skin, of over six hundred pages octavo, would seem to be a sufficient testimonial to the ambition and industry of almost any young specialist. But it would seem that the author feels that he has not here sufficient elbow room, since he tells us in the preface that the volume is intended to be the basis of a future much larger, more pretentious and more original work.

When this promising work appears it will doubtless commend itself to the specialist, but we venture to hint that nothing more elaborate than the present modest effort will find sale or readers with the profession at large.

The author is a disciple of the German school, as is evidenced by his adoption of the classification of Hebra, and the great care he bestows upon the histological and pathological anatomy of the work. In fact this is the striking feature of the book, representing a department in which he is much at home.



His setting forth of the clinical history of the various skin diseases is full and clear, while the points by which a differentiation can be made in such affections as might from similarity of features be confounded in diagnosis are given due prominence.

In therapeutics, while we find nothing new or striking, it is just to say that the work will compare favorably with others of its class.

The illustrations are good but not numerous. The publishers issue the work in exceptionally handsome style.

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**Myths in Medicine and Old Time Doctors.** By ALFRED C. GARRATT, M. D., Fellow of the Massachusetts Medical Society. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1884.

This is one of those "quaint and curious volumes of forgotten lore," which are ever full of interest to the student of historic medicine as showing the chaos out of which has come the beautiful order of scientific medicine and surgery.

The work is divided into seven chapters. The first being devoted to eminent ancient physicians who lived from the time of Hippocrates to that of Galen; the second, to the dark ages, Mohammedanism in Europe, medicine, Christianity, and "law blighted;" the third, to the medical profession of two hundred years ago; the fourth, to the old-time theory of the nature and cause of nervous maladies; the fifth and sixth, to what was alchemy in the seventeenth century, and the seventh to an analysis of homeopathy. An appendix, containing references and corroborating testimony on the question of homeopathy, finishes the volume. From these topics it will be seen that the author pays his respects to every feature of unscientific medicine from ancient superstition to modern humbuggery.

The subject is treated in a genial and easy style, in which the author displays great historic research and classic learning.

**Cocaine and its Use in Ophthalmic and General Surgery.**

By H. KNAPP, M. D., Professor of Ophthalmology in the Medical Department of the University of the City of New York. Reprinted from the Archives of Ophthalmology, December, 1884. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

This monograph embraces all that was known of cocaine as a local anesthetic up to the date of its publication, and surgical experience has since contributed but little to the point. The author's name is an earnest that the work is thoroughly done, and a sufficient recommendation of it to all who may be seeking information relative to the most wonderful therapeutic discovery of our day. Dr. Knapp's researches have been exclusively upon the application of cocaine to the eye and its appendages, but he calls to his aid several able collaborators, who furnish valuable articles on its application to other parts of the body. Dr. Bosworth gives a chapter on cocaine in the upper air-passages; Dr. Hill on general surgery; Dr. Keyes on genito-urinary and minor surgery, and Dr. Polk on gynecology and obstetrics.

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**The Field of Disease:** A book of Preventive Medicine. By BENJAMIN WARD RICHARDSON. 8vo, pp. 737, cloth. Philadelphia: Henry C. Lea's Son & Co. 1884.

This is an imposing volume, written by one of the ablest physicians of the day for the instruction of the laity in the all-important matter of house and personal hygiene. The volume consists of three parts, and discusses philosophically, first, general and local diseases affecting mankind; second, diseases of artificial origin; while in part third is given a practical summary of the origin, causes and prevention of disease.

The work is singularly free from those sins against science which are too often found in works written for lay instruction. The style is such as can be readily understood by the untutored

intelligent reader ; many homely truths are strikingly presented, while the empirical use of drugs, by those who are necessarily ignorant of their effects is discouraged, and the seeking of medical counsel in all cases of illness save the most trivial is judiciously urged. The author refrains in every case from the mention of medicinal remedies, and so makes it impossible that his work should pander to the greed of the quack medicine concocter or vender.

Though the volume is designed for lay instruction and peculiarly fitted for that end, it may be read with profit by the physician, who will find it to contain many original studies which throw light upon the etiology of disease.

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**A Text-Book of Hygiene:** A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American stand-point. By GEORGE H. ROHE, M. D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore. 8vo, pp. ix and 324. Baltimore: Thomas & Evans. 1885.

This work, which gives a condensed statement of existing hygienic knowledge, is designed to serve the medical student as a manual for reference, and supplementary study in following a course of lectures.

While it contains little that is original or new, its subject-matter has been collected at the expense of great research, as its imposing bibliography abundantly attests, and this being presented in systematic form with clear diction makes a useful and very readable book.

While the work of the printer is excellent, it is to be hoped that in coming editions the binder will give the book a dress more worthy of its contents.

### **Clinic of the Month.**

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ON HYSTERECTOMY.—Thomas Keith, M. D., LL. D., furnishes a paper to the *Edinburgh Medical Journal* on this subject, in which he writes:

Ten years ago, when I published in the *Lancet* my first cases of supra-vaginal hysterectomy, I expressed a hope that sufferers from uterine fibroids would in time get as much benefit from surgery as those with ovarian tumors had already received. No one could then have thought that this change would come as quickly as it has done. At that time there was little encouragement to advise operation, even in the very extreme cases. Most of the hysterectomies were performed by mistake for ovarian tumors, and the results were almost uniformly disastrous. Thus Sir Spencer Wells had at that time done thirteen operations, with a fatal result in ten of them, and as several had died within a few hours after operation from hemorrhage, the natural conclusion was that hysterectomy was not a legitimate operation for a disease that, as a rule, rarely shortened life. Little wonder, then, that the routine advice given to patients was to wait for the menopause.

The improvement, however, that has come of late years is not in the direction that was looked for—an improvement in the technical methods of operating—but in a new operation altogether, the removal of the ovaries and tubes, to bring about the cessation of menstruation, which generally ends the active life of uterine fibroids. It is an operation full of promise, and, speaking for my own work, the result is more satisfactory every time that it is performed. The low mortality that accompanies it, a mortality that ought not to be greater than that of the removal of simple non-adherent ovarian tumors, will render interference by this means warrantable in a larger number of cases, and at an earlier stage. It will not, however, supersede

hysterectomy altogether, for there are unfortunately some cases in which, even when got at, the ovaries can not be separated from the uterine tumor without too great a risk. At present the position of the operation seems to be this, that when interference is justifiable, the simpler method of removal of the ovaries is the one to be tried in the first instance, in all cases where the tumor is small and does not extend much above the umbilicus, or in all tumors under nine or ten pounds. In big tumors this method is of doubtful efficacy, either as to its power of arresting menstruation or retarding growth, while the distance of the ovaries from the middle line renders the proceeding a more dangerous and uncertain one.

The proportion of cases of uterine fibroid in which interference of any kind is at any time warrantable is extremely small. It is not perhaps greater than five per cent of all cases. I have no hesitation in saying, from what I know, that operations for fibroids are far too often performed, considering the fatal nature of the operation. At present there is a speculation abroad for abdominal section, and a woman with a movable tumor in her abdomen has, in these days, a small chance of escaping the said section. As the operation stands at present, its mortality is perhaps greater than that of any other surgical operation. It ought not to be undertaken without some strong necessity, for not one fibrous tumor in twenty gives the woman any trouble, or scarcely any, during the whole menstrual life, and a death directly from one is extremely rare.

The cases in which I think hysterectomy may be reasonably recommended are these :

1. In very large rapidly growing tumors of all kinds in young women. By a large tumor, I mean one that completely fills the abdomen.
2. In all cases of real fibrous cystic tumors, if they can be removed. Also in cases of suppurating cystic tumors.
3. In most cases of edematous fibrous tumor which are not cured by removal of the ovaries. These tumors grow to an enormous size, sometimes far larger than any ovarian tu-

mor. I have seen them as large as two hundred pounds. Sometimes quantities of red serum can be removed with much relief, and I have several times been able by this means to carry patients over the menopause, when the necessity for further puncturing ceases.

4. In cases of large bleeding fibroids, where removal of the ovaries can not be accomplished, provided that the patient is not approaching the menopause. In these cases as a rule, though there are many exceptions, menstruation goes on much beyond fifty. I have never seen it go beyond sixty, though frequently it is continued till fifty-four or fifty-eight years are reached.

5. In certain cases of tumors surrounded by much free fluid, the result of peritonitis, provided that the fluid shows a tendency to reaccumulate after two or three punctures. My experience is, that after two or three punctures the fluid does not collect, and it often disappears without interference. The simple serous exudation from edematous fibroids is most capricious. When present to a great extent the tumor will diminish, and when the fluid does disappear, its absence may, from some change in the osmosis, be followed by an extremely rapid growth of the tumor. It must not be forgotten that long-continued irritation of the peritoneal surfaces by large solid tumors is apt to be followed by degeneration of the peritoneum of a sarcomatous or cancerous nature. The microscopic examination of the fluid will in such cases keep one from falling into error. While large healthy uterine fibroids were present, I have several times removed fluids swarming with cancerous elements, the source of which was found to be altogether in other organs affected with cancerous disease.

LUPUS AND ITS TREATMENT.—We take the following from the Edinburgh Medical Journal:

At the Congress at Copenhagen one of the subjects for discussion was the etiology of lupus, especially in relation to tuberculosis. Besnier has maintained its tubercular origin on various grounds, but the divergence of opinion expressed at the Con-



gress has led him to review the subject. He takes up first the nosographical unity of lupus, that though some writers have spoken of a syphilitic or cancerous lupus there is really a disease entirely distinct from these, though presenting varieties. There are, indeed, some forms of erosive or atrophic acne which bear some resemblance to lupus erythematosus, and certain forms of syphilides, of leprosy, or of scleroderma mutilans, may simulate lupus vulgaris. But these are rare, and can usually be eliminated by care in examination or by the test of treatment. He cites a case where a young priest consulted Fournier many years ago for a lesion of the temporal region, which was a closely set tubercular syphilide. The holy character of the patient, the absence of any appreciable antecedent specific lesion, joined to a vivid coloration of the tubercles, gave a peculiar interest to the case. But the age of the lesion pointed more to a syphilide than to lupus, and this was decided by the issue of treatment by iodine. Hence the nosological unity of lupus. Those dermatologists who do not admit the connection between lupus and tuberculosis base their opposition on the following grounds: The dissimilarity of lupus of the skin or mucosa and the lesions of the same parts now called tubercular. This is undoubtedly striking, but is not greater than that between various syphilides, or between the benign and flat epithelioma of the face and the vegetating and rodent. Another point insisted on is the contestable character of the affinity which exists between lupus and tuberculosis of other organs, in particular of the lung. Besnier cites his previous observations, and points out that those affected with lupus exhibit, in the large majority of instances, the precise character of the scrofulous diathesis, such as the old authors meant by this term before the discovery of the parasitic nature of tuberculosis. In this soil tubercle, in those of its elementary forms which are proper to lupus, develops slowly, and in those affected with lupus, who become phthisical, the disease arises after a latent and slow fashion. As regards treatment, there is no curative method applicable to all cases; all the procedures which

destroy mechanically (chemically) the lupous elements, all those which determine, in the part of the skin invaded, an exudative and eliminatory inflammation of moderate intensity are curative. The practitioner who desires to treat lupus can not improvise; he must have taken the trouble to see lupus cases treated, and have learned to manipulate on the skin the various appropriate therapeutic agents. The method of interstitial cauterization, by the aid of the thermo- or electro-cautery, suits the greater number of cases of lupus. It is alone, in fact, applicable to lupus of the conjunctiva, of the nasal cavities, or the buccopharynx. It is certainly the easiest and most certain for the partial operations necessary in course of years upon the subjects of lupus. Old, very extensive cases, with destruction effected, are indeed refractory in a measure to all medication. Here we can have recourse to suppurative dermatitis in the manner indicated by Schwimmer. The lupus surfaces are painted over with a saturated solution of pyrogallic acid in ether, or receive a pulverization of this ethereal solution. In either case the surface becomes covered immediately with a white and adherent layer of pure pyrogallic acid, which is now at once covered over with a layer of traumaticine. In the succeeding days an irritation analogous to that of a strong vesicant is produced in the diseased tissues, at the margin a little swelling without redness. The resulting cicatrix is smooth and the paintings or pulverizations are renewed until every deposit of lupus has disappeared from the tissues. No treatment is needed before suppuration has detached or ruptured the film of traumaticine. This method suits lupus vulgaris of the face best. For lupus erythematosus interstitial electro-cauterization is the mode of treatment *par excellence*. (*Annales de Dermatologie et de Syphiligraphie*.)

ON THE TREATMENT OF ONYCHIA.—Dr. C. W. Dulles, of Philadelphia, communicates to the Medical News the following interesting note on the management of onychia:

The treatment he refers to consists in washing the usually stinking finger or toe-end with a weak solution of permanganate

of potassium, trimming the nail back to where it is attached to the matrix, dusting on a fine powder of iodoform, and covering the whole in with turns of a narrow strip (not more than quarter of an inch wide) of adhesive plaster. The plaster I prefer is the rubber adhesive plaster, which fits better, because it is softer than ordinary adhesive plaster, and is much easier to apply, because it requires neither heat nor moisture to fix it.

By this means I have succeeded so far, in every instance, in getting rid of the pain, which is often excruciating; of the odor, which is almost intolerable; of the evidences of high inflammation, which are always present, and in securing a speedy recovery of what by other methods has proved an exceedingly intractable disorder.

The secret of success, I believe, lies in attention to the details of this method. The finger or toe-end must be thoroughly cleansed with the permanganate solution; the nail must be gently but thoroughly trimmed back till all of it that is dead is removed; the iodoform must be finely powdered; the adhesive strip must be smoothly applied, and in such a way as to cover the whole of the end of the finger or toe.

This latter step is accomplished by taking the thin strip of plaster, and applying it first on the proximal side of the nearest interphalangeal joint, obliquely to the long axis of the finger or toe, and carrying it up toward the end and round till it begins to return; by continuing these turns, the strip, with a little guidance, will gradually make first a latticed covering, and then cover up the interstices of this lattice so as to make a complete cap. If necessary, a few strips may be applied directly over the end of the finger or toe so as to fill up any gaps which would require too much plaster to be covered in in the, so to speak, natural way.

Such a dressing should be removed as soon as the pain or the stinking is renewed. But usually it will give immediate and entire relief from both; in which case I think it is advisable to remove it, at any rate in two or three days, to see how the part is getting along. The second dressing of the same kind will

often be applied to a healthy granulating surface, and form a dry, clean scab, under which the member will heal up perfectly.

I have experimented in cases which were doing well under this treatment, and have found that the adhesive-plaster part is indispensable. As soon as it was left off the case did badly.

Toes, I have found, are harder to cure than fingers, for obvious reasons. But in the case of both fingers and toes, I have seen children cease their complaints, resume their plays, begin to get good sleep at night, and recover the appearances of health which pain had robbed them of.

Finally, I would say that I think it important in these cases to see that the patient's bowels are once well cleared out, and then kept in good order, and to give a ferruginous tonic.

THE TREATMENT OF MEASLES.—D. Maclean, M. D., of Glasgow, Scotland, writes, in the *Canada Medical Record*:

The line of action to follow, is: (1) To relieve the congestion of the mucous membrane, which is the immediate cause of danger; and (2) to destroy or reduce the violence of the disease itself. This I have been in the habit of doing, I believe successfully, by giving (say to a child of two or three years of age) a tea-spoonful, in water, of the following mixture every three hours: Ipecacuanha wine, half a dram; syrup of squills, half an ounce; quinine, two grains; acetate of ammonia solution, two ounces. Of course the quinine is increased according to age. We have thus in this mixture a stimulating expectorant and diaphoretic to relieve the tension in the mucous membranes and the skin, and also in the quinine a specific to destroy or abate the violence of the primary ferment. It may be necessary to add to or modify the form in which this plan of treatment is carried out; as when the irritation and cough are persistently great, then the addition of a little tincture of hyoscyamus is all that is necessary. So with the quinine, sometimes the stomach is so irritable that it is necessary to omit it from the mixture; but as it is essential that it be introduced into the system for the destruction of the ferment, it can be administered separately by giving it in

powder, mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine that takes place when the drug is given alone.

This form of treatment for measles is good in all types of the disease, whether the attack be mild or severe, and more especially valuable when we have that dangerous form in which the eruption is of a deep-purplish color, a form which is generally recognized as being the most fatal. This style of treatment I have followed for a number of years. I have seen many cases, and, as a justification for submitting it to the notice of the profession, I do not remember having signed a certificate of death for either the disease itself or its effects.

**THE TREATMENT OF TUBERCULAR ABSCESS**—The treatment of tubercular abscess is thus summed up by the editor of the Medical News: Extirpation of the sac when it is small and the operation is practiceable; early, free, and dependent incision, with irrigation with a proper solution of corrosive sublimate, and adequate drainage, in spinal abscesses; or the injection of iodoform dissolved in ether or glycerine, in similar cases, when the patient can not remain in bed, or when, for other reasons, aseptic incision and drainage are impracticable.

**PARTHENINE.**—Tovar, of Havana (*Crón. Méd.-Quir.*), has employed this alkaloid in several cases of intermittent fever, as well as in neuralgia of malarial origin. He gives about a grain and a half every hour until ten doses have been taken. Relief is experienced within a few hours. (*Therapeutic Gazette.*)

**VALERIAN IN THE TREATMENT OF DIABETES INSIPIDUS.**—According to a writer in *Schmidt's Jahrbücher* (*Therap. Gaz.*), valerianate of zinc and tincture of valerian, if administered for a long period, exercise a favorable influence over this disease.

## Notes and Queries.

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THE INTERNATIONAL MEDICAL CONGRESS.—At its meeting in 1884 the American Medical Association selected eight of its members to visit Copenhagen and invite the International Medical Congress, then in session in that city, to hold its next meeting, in 1887, in the United States. The invitation was given by the Association in the name of the profession of America. It was accepted; and the committee which conveyed it was at once adopted by the Congress as its own, and invested with the necessary powers of organization and all its *et-ceteras*. The committee, while away, acquainted itself with the accustomed mode of organizing and the methods of work of the Congress. It was informed by the founders and chief promoters of the Congress that the work of this body was confined to science pure and simple; that every other business was vigorously excluded; that its membership was catholic in the broadest sense of that term; that it knew neither geographical lines nor sectional lines, but embraced the workers of every clime and nationality; and, finally, that the only ethical test required of applicants seeking admission was that they should belong to the universal brotherhood of legitimate science. The committee returned home and entered without delay upon the discharge of the duties with which it had been intrusted. These duties involved much labor and great responsibilities. They were completed in season to present the result in detail at the meeting of the Association in New Orleans in May. The plan of organization advised by the committee was that under which all previous sessions of the Congress had been held. In a word, the committee simply acted upon information derived while abroad. This information it embodied in its report. The report itself was modeled on that of every preceding Congress.

When the secretary of the committee read this report at New Orleans it met with the most extraordinary reception. It



was not even accorded the common courtesy of being received. Instead, it was assailed on the floor of the Association in language too coarse to be repeated and the committee itself was openly charged with narrow mindedness, partiality, selfishness, bargain, intrigue, and corruption.

The committee, as originally composed, consisted of Austin Flint, John Billings, Minis Hays, H. F. Campbell, L. A. Sayre, George J. Englemann, Christopher Johnston, and John M. Browne, of the navy.

Acting under the resolutions which called it into existence, it had added thirty-four other members, representing names in every respect worthy of being associated with the foregoing. Of this committee, consisting now of forty-three members, but five were present when the handful of agitators bent on revolution rose in the Association. The names of none of these men had appeared in the organization of the Congress, as reported by the committee.

Many persons profess to have seen in this omission the main-spring of their action. They spoke much and often and well. They appealed to sectional prejudice and were applauded. They indulged in endless personal animadversion. The air was made thick with charges against the committee which their authors could not have believed to be true, but which, serving their purpose for the hour, they used with no little effect. The most offensive of these was reiterated with great vehemence by one of the speakers. Not many days after it was proven to be groundless and its author branded in the public prints as a deliberate falsifier.

During the time just described the wildest confusion prevailed on the floor of the Association. Cries of "order" went up from all parts of the house. Scores of men rose simultaneously to their feet in attempts to catch the eye of the speaker or to clamor for the preservation of order. The gavel of the presiding officer fairly rattled, but in vain. There was no order. An eye witness likened the hall of the Association at this moment to pandemonium.

It is reported that one of the more violent of the revolutionists expressed a desire to see certain officers of the Congress strung up by the neck, and declared himself willing to adjust the fatal noose.

The Secretary General of the Congress finally succeeded in getting the floor. He made a plain and manly statement of the work of the committee, counseled conciliation, and gave a flat denial to every charge reflecting upon the honor, fair mindedness, and integrity of the committee. But his effort to stem the current were totally unavailing. The soberminded members present sat bewildered, and the Association was hurried into the deplorable blunder of repudiating the report of the committee and practically impugning the motives of the committeemen.

In the face of its own resolution passed the year before, and under the sanction of which the work of organization had been carried on, the Association declared void every addition to its members made by the committee and took the business into its own hands. It at once appointed a member from each State and Territory, and a representative each from the army and navy—in all, thirty-eight. It then clothed this new committee with the power to undo, if it thought fit, the entire work of the committee of 1884. It gave it no instructions.

The committee organized at once by electing a temporary chairman and secretary. It held its first meeting for business at Chicago in June. There were present twenty-five of its own members and three members of the original committee. After electing the temporary officers to the same positions in permanency, they proceeded to eject the new-coders from office and fill their places with men loyal to the old code.

They then lessened the number of sections, as created by the original committee, by merging here and there two sections into one. They subsequently cut out many names from the North and East which they replaced by names from the West and South. They added largely to the list from the latter portions of the country, procured a representation from a much more

extensive territory than had been embraced by their predecessors in the work.

They withdrew the right of presidents of sections to have a voice in the selection of their co-workers and associates whereby these officers were dwarfed into mere creatures of the committee. They finally denied representation in the Congress to such physicians as were not members of the National Association, or of societies in affiliation with it. The committee then adjourned. So much by way of history. The committee made no report of its work; but its operations soon came to be known.

The behavior of the Association but sixty days before was yet fresh in the public mind. There was a widespread feeling of misgiving and regret, coupled with the hope that the Chicago committee would in some way atone for the wrong and injustice done the profession at large and the original committee at New Orleans. But its action instantly destroyed such hope and confirmed the gloomiest forebodings. The committee chose as its officers men who, whatever may be their talents, had led the movement at New Orleans, and secured themselves in office. Many physicians who had accepted position in the Congress from the original committee, despairing of the success of the undertaking in its new hands, determined to withdraw from the organization. Others, saying openly they would not serve under such officers, also withdrew.

The meetings of the profession in Philadelphia, Boston, Baltimore, Washington, and Cincinnati, not to mention individual instances in other places, bear witness to the extent and earnestness of this feeling. Every day has brought fresh accessions to the list of those who decline to follow such leaders. And as the facts of this unfortunate business become more generally known, it is safe to say that the list of those who distrust the leaders of the revolution inaugurated at New Orleans will grow apace.

Much was said at New Orleans and elsewhere about the code question in connection with the Congress. Such gentlemen as have seen fit, for reasons, to withdraw from the Congress as at

present organized, have been accused of being unfriendly to the code and supporters of the new code. Philadelphia was the birth-place of the code. There it was engrafted on the Constitution of the American Medical Association, and first offered as the creed of the profession in the United States; and there, if any where, is its spirit a living spirit, and does its letter carry the force of law. And yet Philadelphia physicians were the first to take up arms against the New Orleans movement; but the question of code was not in their minds. They well knew how adroitly and with what effect it had been used at the National Association, but when they met to record their objections to the Congress passing into the hands of its present leaders, the code was never once mentioned. It was not thought of. The motives which influenced them and the causes which led them to decline to accept office in the Congress under its new organization were of another and very different kind. They raised no objection to the action of the committee on the code, though some of the more conservative of them may have doubted the wisdom of a step which turned upon a point that the Congress had never considered, and, from the very nature of its organization and the spirit by which it was guided, could but believe was beneath its dignity to consider.

The Philadelphians were fully alive to the fact that, notwithstanding the war of the factions in New York, the code men continued to associate with the new-coders in school, hospital, and society, and even meet them in consultation.

When Dr. Leidy and Dr. Agnew, Dr. Da Costa and Dr. Stillé, Dr. Horatio Wood and Dr. Gross and Dr. Parvin and their coadjutors met, their purpose was to withdraw from the Congress for the simple reason of distrust in its new management. They felt aggrieved at the behavior of the Association at New Orleans. They were dissatisfied with the action of the committee at Chicago, and they went to record to this effect.

Whether the gentlemen who in other cities have come to book in similar resolutions were influenced by similar reasons is not germane here: Philadelphia led off in the movement. That

this same feeling of distrust—not to use a stronger word—reaches to very many other places, no observant man will deny. That it exists to such degree, that it exists at all, affords cause for the liveliest apprehension. That it will acquire such proportions as may lead the National Association to call a halt and undo some of the work it did in such unseemly haste at New Orleans, remains to be seen.

The conjuncture is certainly grave enough to make such action reasonable. And if wisdom united to courage and the charities direct and control the Association, it may still recover from the stab inflicted with its own hand at New Orleans, and bring the sessions of the International Congress in 1887 to a successful close. Otherwise the fate of the Association, no less than that of the Congress when it meets on American soil, is easily read. The end of one will be disintegration and decay. That of the other will be mortifying failure. These are strong words, but sober withal.

A medical man of Philadelphia, of enviable name, was asked a short time since by the secretary of the new committee if he could suggest a way by which the differences between the profession and the Association could be adjusted. He answered, "By your resigning." This may, or may not, afford a key to the situation. But it clearly signifies that certain things done both at New Orleans by the Association and at Chicago by the new committee must needs be undone before surcease can be had of the present discord. If this be not effected, those who have thrown up commissions derived from the new leaders will take neither part nor lot in the matter. And while it goes without the saying that this action will in nowise affect the coming of the Congress at its appointed time, it will surely rob the meeting of all international character which, in the opinion of its founders and its friends, has been the chief and most valuable feature of the organization.

One or two thoughts, growing out of events which have occurred since the Association meeting in New Orleans, here suggest themselves. When it is considered that almost every

man who has declined to serve under the present regime of the Congress is a member of the American Medical Association, does it not mean that there is a strong feeling of dissatisfaction with the action of the Association? When this feeling is made manifest from Massachusetts to Maryland, from the District of Columbia to Missouri, from New York to Ohio, and from Pennsylvania to Kentucky, does it not mean that the feeling is a somewhat general one? Nor should it be lost sight of that there are many sections of country which have not yet expressed themselves on the subject.

The question has been under discussion for now a full month. Both sides have had a hearing. How stands the medical press on the subject? Let the reader turn to his journals and see. Can any of these things be denied? Is the man not purblind who fails to see that the National Association has, by its conduct, imperiled its influence and usefulness, if not its very existence? There is a profession outside the Association whose voice it would be well for the present managers of that body to give ear to. The invitation to the Congress was given in the name of the profession of the United States. Perhaps the Association had no authority to do this, but it was done nevertheless. The membership of the Association represents but three thousand of the forty thousand men who win their bread by the practice of medicine in America. The Congress, in whatever kingdom it has hitherto held its sessions, has thrown wide its doors to all respectable members of the profession throughout the world. Neither ethics nor the matter of membership in this or that society ever came before the Congress. Its plane of work was broader and better than that. It has hitherto represented the beneficent spirit of science and that only. It has remained to the National Association of the United States to set up a new standard for admission. Fortunately, it is not too late to remedy that blunder, and such part of it at least as affects the profession at large will be changed when the new committee meets in New York in September. This will add both to the membership and dignity of the Congress.



What will be the outcome of this deplorable muddle it is altogether impossible now to say. The committee, aided by older and wiser heads than those who have hitherto directed its movements, may bark back and find a path which will lead the Association out of its present dilemma, and up to the point of organizing a truly International Congress worthy alike of its noble aims and of the great guild which bids it come to our land. If the committee fails, especially if it fails through unworthy ambition, love of patronage, or worse than all, through greed of office, it will realize before this business is finished that wreckers are sometimes wrecked, and revolutions are often fatal to their leaders.

**PUBLIC OPINION.**—How the recent meddlesome work of the American Medical Association and its committee on reconstruction looks to the eye of the profession at large is manifest in the following paragraphs:

**THE MEDICAL PROFESSION OF PHILADELPHIA.**—A meeting of the members of the medical profession of Philadelphia concerned in the organization of the International Medical Congress of 1887 was held at the Hall of the College of Physicians, on Monday, June 29th, Dr. Alfred Stillé in the Chair. Dr. David W. Yandell, of Louisville, was present by invitation.

After hearing a report of the proceedings of the new committee, at its meeting held in Chicago last week, and after considering the changes in the organization which were made, including the restriction of the scope of the membership by which a large proportion of the profession of the country would be excluded from the Congress, the following preambles and resolution were unanimously adopted:

WHEREAS, Certain serious changes have been recently effected in the preliminary organization and rules for the International Medical Congress of 1887, it has seemed desirable for the members of the General Committee and the officers of the Sections resident in Philadelphia to meet for consultation, and

WHEREAS, It has appeared that these changes are inconsistent with the original plan, and detrimental to the interests of the medical profession in America, and of the International Medical Congress; therefore, be it

*Resolved*, That we, the undersigned, consider that our duty to the



profession and to ourselves requires us to decline to hold any office whatsoever in connection with the said Congress as now proposed to be organized.

D. Hayes Agnew,	Samuel W. Gross,	Theophilus Parvin,
Roberts Bartholow,	Robert P. Harris,	William Pepper,
John H. Brinton,	I. Minis Hays,	Edward T. Reichert,
Charles H. Burnett,	William W. Keen,	Albert H. Smith,
R. A. Cleemann,	Joseph Leidy,	Robert Meade Smith,
J. M. Da Costa,	S. Weir Mitchell,	Alfred Stillé,
Louis A. Duhring,	William F. Norris,	George Strawbridge,
William H. Ford,	William Osler,	William Thomson,
William Goodell,	John H. Packard,	James Tyson,
	Horatio C. Wood,	David W. Yandell.

THE MEDICAL PROFESSION OF BOSTON, THE STATE OF MASSACHUSETTS, AND OTHER NEW ENGLAND STATES.—At a meeting of a number of members of the medical profession of Boston, which was held on Thursday, July 2d, the following preambles and resolution were adopted :

WHEREAS, We had been led to believe that the authority to organize and control the Ninth International Medical Congress had been permanently delegated by the American Medical Association to its original committee, thus providing against any radical changes in its published programme; and

WHEREAS, The American Medical Association has revised the action and annulled appointments of that committee in a way which we regard as detrimental to the interests of the medical profession of America, and fatal to the success of the Congress; therefore, be it

*Resolved*, That we the undersigned, members of the medical profession in Boston and vicinity, concerned in the organization of the Ninth International Medical Congress, decline to hold any office in said Congress as now organized.

Robert Amory,	Haskey Derby,	O. F. Wadsworth,
G. M. Garland,	S. G. Webber,	S. J. Mixter,
H. P. Bowditch,	T. M. Rotch,	F. I. Knight,
R. T. Edes,	T. Fillebrown,	G. H. Lyman,
J. J. Putnam,	R. H. Fitz,	Jacob L. Williams,
Francis Minot,	Thomas Dwight,	H. W. Williams,
J. R. Chadwick,	C. J. Blake,	H. P. Walcott,
C. F. Folsom,	J. C. Warren,	J. Orne Green.
E. Wigglesworth,		

Since the above action was taken the following gentlemen have requested to have their names appended to the list of signers to the resolution adopted in Boston declining to hold office in the proposed Congress as now organized.

O. W. Holmes, Boston ;	William H. Baker, Boston ;
David W. Cheever, Boston ;	James C. White, Boston ;
William F. Whitney, Boston ;	G. P. Conn, Concord, N. H. ;
F. H. Gerrish, Portland, Me. ;	S. C. Gordon, Portland, Me. ;
E. P. Hurd, Newburyport, Mass. ;	Nathan Allen, Lowell, Mass.

THE MEDICAL PROFESSION OF WASHINGTON.—At a meeting of the medical gentlemen held in Washington, D. C., July 11, 1885, the following preamble and resolution were adopted :

WHEREAS, Certain changes have been made in the constitution and organization of the Ninth International Medical Congress which seem to us unwise, injurious, calculated to bring the profession into disrepute, and to endanger the success of the Congress ; therefore,

*Resolved*, That we, the undersigned, decline to hold any position under the said Congress as now organized.

Joseph Taber Johnson,	A. F. A. King,	Swann M. Burnett,
W. W. Johnston,	B. F. Pope, U.S.A.,	J. Ford Thomson,
S. C. Busey,	Frank Baker,	S. O. Richey,
H. C. Yarrow,	D. Webster Prentiss,	E. Carroll Morgan.
D. L. Huntington, U.S.A.,		

THE MEDICAL PROFESSION OF BALTIMORE.—In consequence of the dissatisfaction caused by the recent action of the new Committee on the Organization of the Ninth International Medical Congress, the subjoined paper has been signed by those of the profession in Baltimore whose names are appended :

WHEREAS, The new Committee on the Organization of the Ninth International Medical Congress at its recent meeting, held in Chicago, made such changes in the arrangements for the Congress as, in our opinion, will mar its success, and will prove injurious to the interests of the medical profession, it is therefore

*Resolved*, That we, the undersigned, disapprove of the action of the committee, and decline to accept the positions to which we have been appointed under it.

I. E. Atkinson,	William Lee,	Alan P. Smith,
S. C. Chew,	John N. Mackenzie,	Samuel Theobald,
Julian J. Chisolm,	Richard McSherry,	L. McLane Tiffany,
Christopher Johnston,	F. T. Miles,	H. P. C. Wilson.

THE MEDICAL PROFESSION OF CINCINNATI.—The following was adopted, on July 17th, by members of the profession in Cincinnati and vicinity who were appointed to office by the Chicago committee.

WHEREAS, The recent action of the American Medical Association with reference to the organization of the proposed International Medical Congress was, we believe, detrimental to the best interests of the Congress, therefore,

*Resolved*, That we, the undersigned, nominated members of the Congress, hereby decline to serve.

P. S. Connor,  
F. Forcheimer,  
S. Nickles,  
Thad. A. Reamy,

J. C. Reeve,  
W. W. Seely,  
J. T. Whittaker,  
E. Williams.

FROM SEVERAL POINTS OF THE COMPASS.—Dr. W. A. Hardaway, of St. Louis, has declined the Presidency, and Dr. J. Nevens Hyde, of Chicago, the Vice-Presidency, of the Section of Dermatology and Syphilis in the new organization of the Congress.

Drs. George M. Sternberg and R. H. Shufeldt, U. S. A., E. Van de Warker, of Syracuse, N. Y., William Lee, of Washington, J. M. Keating and George E. deSchweinitz, of Philadelphia, have declared their intention to decline office. Dr. John S. Billings, U. S. A., George J. Englemann, of St. Louis, and N. Senn, of Milwaukee, have resigned from the General Committee.

THE AMERICAN OPHTHALMOLOGICAL SOCIETY.—This eminent scientific body at its recent meeting, held in New London, Connecticut, signified its disapproval of the work of the reconstruction committee in the following:

*Resolved*, That it is the sense of the American Ophthalmological Society that the action of the American Medical Association at its late meeting in New Orleans, and of the enlarged committee appointed at that time to make arrangements for the International Medical Congress, in overturning much of the carefully planned work of the original committee appointed at Washington for the same purpose, was unwise and not to be defended, unless, possibly, on technical grounds; and this Society hopes that none of its members will indorse the action of the enlarged committee by accepting official positions at its hands.

COMMENTS OF THE MEDICAL PRESS.—The new Committee of Organization of the International Medical Congress met in Chicago,

and the result of its work is greatly to be regretted. The original committee, appointed for that purpose in 1884, proceeded to organize for the International Medical Congress in 1887, in accordance with the rules and customs of previous Congresses. Upon its plan the medical profession of the United States was to be represented as a national body, including all regularly organized medical societies, general or special. The American Medical Association, however, at its late meeting in New Orleans, rejected this arrangement, legislated out of existence the thirty-four members added by the authority given the original committee at the time of its appointment, and added thirty-eight new members to the original committee of eight, in order to put the Congress exclusively under the charge of the Association, with the States and Territories as the unit of representation. The new committee seems to have carried out its instructions pretty thoroughly, although there are still perhaps some districts not sufficiently represented in the appointments made.

It was decided that the American members of the Congress must be members of the American Medical Association, or of societies affiliated with it, on the usual basis of representation of one to ten; in other words, the Congress is to be a meeting of the American Medical Association with a larger number than usual of invited guests.

In his remarks before the committee, Dr. Billings gave the views of the original committee as follows:

"The invitation was purposely worded as coming from the Medical Profession of the United States, and not from the Association only, in order that all regular physicians in the country, and in particular the various important societies devoted to special branches of medicine, such as the Gynecological, Ophthalmological, Laryngological, etc., and also the societies in our large cities which are specially devoted to scientific work, such as the Academy of Medicine of New York, the College of Physicians of Philadelphia, etc., should feel that they were included and must share the responsibility of providing a proper reception for the Congress.

"The Congress is a purely scientific body, taking no cognizance of questions of medical ethics or police. It accepted the invitation on the supposition that its rule in this respect would not be interfered with, and that those who would come to us in 1887 would meet our various eminent specialists whom they know either personally or by reputation. To make this impossible, as the newly organized committee proposes to do, is a discourtesy to the Congress.

"So long as the old code men in New York meet the so-called new code men as freely in consultations and in scientific societies

as they now do, there is no sufficient reason for refusing to meet them in a purely scientific body like the International Medical Congress."

This remonstrance had not the least effect in modifying the determination of the committee.

It seems clear that the meeting in 1887 is to be an International Congress in name only, that it is really to be a very large meeting of the American Medical Association, and that the vastly larger body of the medical profession of the United States is to be excluded. . . . The management of the matter has passed into the hands of a very different set of men from those who had charge of it at the outset. . . . The dissatisfaction with the work of the new committee is so great that the members of the medical profession of Philadelphia, who were concerned in the organization of the Congress, held a meeting and unanimously decided to decline to hold office under the new organization, as will be seen by reference to the resolutions passed. This list includes the names of chairmen of the Section of Medicine, Surgery, Anatomy, and Therapeutics, and of the new Secretary General. (Philadelphia Medical News, July 4, 1885.)

It was scarcely to be expected that those eminent physicians of Philadelphia, whose action in regard to the organization of the Ninth International Medical Congress we recorded last week, would find themselves alone in the resolve to stand aloof from a gathering which, as is constantly growing more and more manifest, will be an international Congress only in name. As will be seen by our news columns, Boston and Baltimore have promptly followed suit, and, like the Philadelphia resolutions, those passed in Boston and Baltimore are signed by men whose names are indissolubly connected with American medicine. Whether organized action of like significance will be taken in New York and elsewhere, it is impossible to say, but this much is certain, that some of the New York men, whom the new committee of the American Medical Association placed among the officers of Sections, have no sympathy with the ostensible motives—far less with the real motives—which led a little band of malcontents to plot the destruction of the Washington meeting. Even if those gentlemen do not formally express their feelings in the matter, there can be no doubt that they will abstain from any participation in the Washington meeting.

That the wreck of the Congress of 1887 has not been irretrievably wrought, we can see no reason to hope. (New York Medical Journal, July 11, 1885.)

This action of the Association can be justified by no reason or argument, and the superlative folly of it is quite beyond the reach of adequate characterization. (Medical Record.)

The committee did the work expected of it, with sufficient thoroughness, we fear, to put an end to the prospects of a successful and creditable *International Congress*. . . . Numerous changes and additions were made in the officers and members of Councils of the different Sections. These honors are issued as plentifully as fiat money after a *coup d'état*, and the various geographical divisions of the country are impartially besprinkled with them. (Boston Medical and Surgical Journal.)

As the Congress now stands organized, we much doubt its ability to attract that attention as a scientific body it was entitled to. How can those men interested in pure science feel that same interest in the fortunes of an organization handicapped with contentions for offices and ethics; it seems quite clear to us that the Ninth International Medical Congress can not take the position it would have assumed under its first organization.

It is a sad commentary upon the status of the profession in America that a petty squabble for a few positions should have marred what had promised to be one of the most noted scientific meetings ever held on American soil. What view our trans-Atlantic brethren will take of this status of the Congress it is not difficult to surmise. We presume that the American Medical Association will enjoy the banquet it has prepared to its own eminent satisfaction, while the rest of the profession will look on from a distance. We can not but deplore the present outlook, and profoundly trust that the final result will be more satisfactory than present indications would seem to warrant. (Maryland Medical Journal.)

We believe the whole trouble has arisen from personal grounds on the part of a few who were overlooked when the places of honor were distributed. Its was purely a fight of the "outs" against the "ins," and now that the "outs" have gained the field, the existence of the Congress is jeopardized.

The situation is a deplorable one for the good name of the medical profession in America. Our European brethren will hesitate to attend the Congress at Washington in very large numbers, for they will have reason to fear that the factional feeling and jealousy of certain members of the "rule or ruin" party in the American Medical Association will carry the fight into the Congress itself.



What is to be done to remedy the trouble, and preserve the good name of the profession of America? We do not know; perhaps the best thing that could be done would be to notify the Executive Committee of the last Congress that, owing to the war raging in the United States, the next Congress should be held elsewhere, either in Europe or in Canada. (Peoria Medical Monthly.)

If the names of our most eminent authors and discoverers do not appear upon the published statement of the rules and preliminary organization of the Ninth Congress, we need not look for any distinguished delegation from abroad. . . .

The whole blame must rest upon the shoulders of the American Medical Association, who, after appointing a committee of seven wise and eminent men to arrange the preliminary work of the Congress, should have consented to question their judgment and meddle with their work at the instance of a few disaffected but persuasively eloquent fellows. (Louisville Medical News.)

From our best information regarding the gentlemen who were instrumental in initiating this uncalled for wind-storm, we fancy the trouble originated from disappointment. They are sore-heads of the "rule or ruin" type. Some of these men have for years endeavored to supply the wind-power for the American Medical Association meetings. The International Medical Congress requires a more reliable power—a steadier power; hence these dress-parade sort of fellows were, of necessity to the welfare of the Congress, relegated to the rear. (Kansas City Medical Record.)

There is a very unfortunate discussion going on at present in professional circles in America, which, it is quite possible, may turn out disastrously for the International Medical Congress which it has been decided to hold in Washington in 1887. It will be remembered that a small committee of the American Medical Association was nominated by the executive of the Copenhagen Congress, with full power to add to their number, and to act on behalf of their professional brethren. Carrying out their mission, they choose as colleagues twenty-eight leading American practitioners, especially selected on account of their standing in the profession, and drew up the programme which has already been published. Subsequently, when the committee reported to the meeting of the American Medical Association at New Orleans, exception was taken to their proceedings on the plea that they had exceeded their powers, and had no commission to act on behalf of the Association. The jealousies that had



been roused among those who had been passed over in the co-optative selection were worked upon by two or three pushing wire-pullers, and in the end resolutions were passed revising the work of the committee and substituting a committee of thirty-eight men selected from the different States and Territories for those added to their number by the original committee. At a subsequent meeting, the results of which we are daily expecting to hear, the subject was again to come under consideration, and we learn that it was the intention of all the leading practioners in the States to withdraw from the Congress if the decisions of the original committee were not treated with more respect. We sincerely hope that the profession in America will strenuously support their recognized leaders; otherwise they will make an exhibition of themselves to the world, and, besides imperiling the future success of those international gatherings, which have hitherto been conducted with so much harmony, will distinctly lower the respect in which the profession is held throughout the world. (London Medical Times.)

Now, when a majority of the acknowledged leaders of medical science and thought in America have signified their unqualified disapproval of the new committee's work, the Philadelphia Medical News gives us the following editorial survey of the situation:

The Association has shown itself totally incapable of dealing with serious and important scientific interests as has been most conspicuously demonstrated by its recent action at New Orleans in reference to the Ninth International Medical Congress, which it proposed to hold under its auspices. It was shown at New Orleans that a few determined and bold men were capable of capturing its membership and of upturning all of the work delegated to an important committee at its previous meeting in Washington. The result of this action of the Association has cast a shame and a blot upon the good name of the entire profession in this country, and it has forfeited all the reputation the Association may have had as a fair, liberal, and high-toned scientific body. Under the leadership of a few malcontents the Association has degenerated to the level of a ridiculous and pharisaical institution, utterly unworthy of confidence and respect. So far as the fortunes of the International Medical Congress are concerned, it is now evident that the Association is wholly incapable of conducting the Congress under its auspices. The withdrawal of the leading members of the profession from all connection with the pres-

ent organization tells its own story, and very plainly says, the Congress must be reorganized on some other basis than the one proposed by the American Medical Association if it is to be a success. In other words, the Association has so seriously blundered in this affair that it must resign its authority as a leading spirit in the reorganization of the Congress. Indeed, it seems to us that the only course now left open to the Association is to abstain from further participation in the arrangements for the Congress, and that it leave this matter in the hands of the medical profession at large, which can be depended on to reorganize the Congress on a successful basis. We have no doubt that the profession at large can move intelligently in this matter. If representative men from all sections of the country can be brought together to confer upon the present outlook of the Congress, arrangements can be so made which will bring order out of chaos and set the affairs of the Congress on a sure and influential footing.

The very fact that the appointees of the original committee in all parts of the country have acted with such unanimity in withdrawing from prominent positions in connection with the Congress and have repudiated the action of the present committee on organization is sufficient evidence that there were strong and unimpeachable reasons for their conduct in this matter. These gentlemen recognized at once that this attempt to mix oil and water as a palliative measure for those disconsolate individuals left out of the first organization, was nothing short of hypocrisy and deceit, and could only bring disgrace and reproach upon the Congress. Very properly they refused to lend their influence to an organization which proposed to banquet our foreign guests on the stale issues of the code, on sectional prejudices and on the aspirations of ambitious office-seekers. As a matter of self-respect and of sound principles what else could they do?

To those who know any thing of the characteristics of the international assemblies of the medical profession, known as Medical Congresses, or of the views of the leading medical men of Europe, whose concurrence is essential to make such meetings interesting or valuable, it must now be evident that the action of the American Medical Association, and of its new committee, if persisted in, will result in a disgraceful failure.

It is possible that the Association may succeed in gathering one or two thousand men to attend such a meeting in Washington as its committee proposes; . . . but it most assuredly will not be able to induce the presence of a fair representation of the leaders of medical thought and progress from this or any other country.

Nor will the consequences be limited to the fact that the proposed Congress will rank far below those which have preceded it in the importance and interest of the papers presented, and the discussions to which they give rise. Were this all that is to be feared, the matter would be one rather for contempt than for apprehension. Those who decline to sanction the new programme, by refusing to allow their names to appear in connection with it, will lose nothing in reputation among our foreign friends, who will understand and appreciate their motives, and will at the same time free themselves from a very considerable amount of labor and responsibility. The danger is to the American Medical Association itself, and to the unity of the profession in this country. . .

The result of this interference with the Congress, and of the evident determination of the leading spirits in this movement to maintain their control over the Association, will be to alienate still further the scientific workers and teachers of the profession, and already we hear rumors of the formation of a new National Society, to meet the wants and wishes of this class. The result will fatally damage the influence of the Association, and it is greatly to be regretted, for the Association has done good, and might do much more if it were conducted in the interests of the whole profession. . . .

The leading members of the profession of the principal cities of the Union have declared their determination not to accept office. The presidents of nine of the Sections, the Secretary-General, as well as a large proportion of the vice-presidents and members of the Councils, have likewise declined to co-operate under the new organization. Self-respect, if nothing else, demands that a committee which has been so thoroughly discredited by the profession at large, and whose inability to organize an International Congress has been completely demonstrated, should at once resign. If its members do not, they fully justify the charge which has been freely made, that they place their individual interests above those of the profession, and that they prefer to see the Congress destroyed than themselves without office. . . .

A cardinal source of dissatisfaction with the new organization is that it is under the control of a handful of discontented men, who were not included in the preliminary organization, and who stirred up this trouble for what they could make out of it. The profession is more than disgusted at the manner in which they have juggled themselves into office, it realizes the discredit which their doings have brought upon it, and no change of front now can save them from just condemnation. They have committed a great wrong not only against

the American Medical Association but against the profession at large, and the action just taken means, in plain language, that the profession has no confidence in them, and will give no support to any organization of which they are the head.

The Canada Medical and Surgical Journal makes the following wise and timely comments upon the situation:

We may say that the majority of the men eminent in scientific medicine and surgery in the United States have decided to hold aloof from the Congress. When asked why they take this step, we learn that they have, in the first place, a deep distrust of the American Medical Association as an organization which could satisfactorily carry out such an undertaking, and they have a still deeper distrust of the success of any Congress where the best known scientific medical men of the country have been replaced by nominees such as Drs. Cole, Shoemaker, and others. All, too, resent the insult offered to such a veteran as Henry I. Bowditch, of Boston, who has devoted half a century to the advancement of the best interests of the profession in the United States. What the result will be it is difficult to predict, but it is hard to see how a Congress can be held without such men as those who have signified their intention of resigning. It would be like a Congress in London without Paget, Lister, Jenner, Gull, Hutchison, etc., and we fear that when the profession in Europe hears of these dissensions and the withdrawal of the very men they would be most anxious to meet many who otherwise would have come will elect to stay away.